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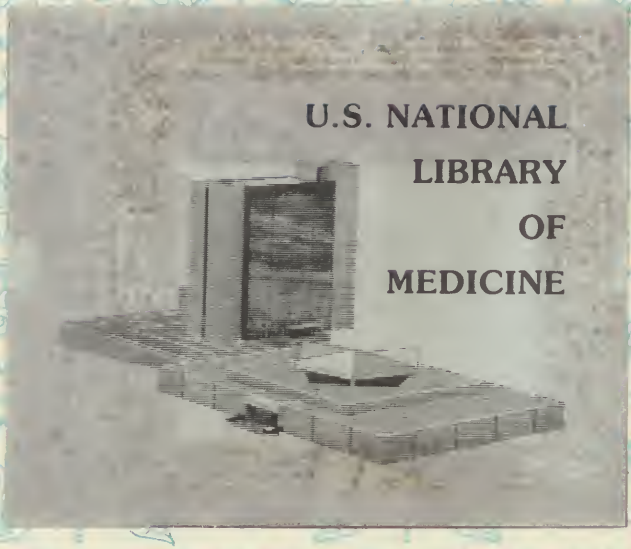

399 RAINING OF NURSES

HEARINGS

BEFORE THE

COMMITTEE ON EDUCATION AND LABOR

UNITED STATES SENATE

SEVENTY-EIGHTH CONGRESS

FIRST SESSION

ON

S. 983

A BILL TO PROVIDE FOR THE TRAINING OF NURSES FOR THE ARMED FORCES, GOVERNMENTAL AND CIVILIAN HOSPITALS, HEALTH AGENCIES, AND WAR INDUSTRIES, THROUGH GRANTS TO INSTITUTIONS PROVIDING SUCH TRAINING, AND FOR OTHER PURPOSES

MAY 6 AND 7, 1943

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TRAINING OF NURSES

THURSDAY, MAY 6, 1943

UNITED STATES SENATE,
COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The committee met, pursuant to call, at 10 a. m., in room 457, Senate Office Building, Senator Elbert D. Thomas (chairman) presiding.

Present: Senators Thomas (chairman), Tunnell, Eastland, and Ball.

The CHAIRMAN. We have under consideration S. 983, a bill to provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training, and for other purposes. I will ask the reporter to insert the bill in the record at this point.

(S. 983 is as follows:)

[S. 983, 78th Cong., 1st sess.]

A BILL To provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That for the purpose of assuring a supply of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, there is hereby authorized to be appropriated for the fiscal year ending June 30, 1943, and for each fiscal year thereafter, sums sufficient to carry out the purposes of this Act. Such sums shall be used for making payments to schools of nursing or other institutions which have submitted, and had approved by the Surgeon General of the Public Health Service (hereinafter referred to as the Surgeon General), plans for nurses' training, and for all necessary expenses of the Public Health Service in administering the provisions of this Act.

SEC. 2. A plan for training of nurses may be limited to student-nurse training, or to postgraduate or refresher nursing courses, or may include both. A plan submitted by any institution may be approved only if it provides—

(a) that no student or graduate nurse will be included under the plan unless in the judgment of the head of the institution such nurse will be available for military or essential civilian services for the duration of the present war, and such nurse so states in her application for inclusion under the plan;

(b) that nurses under the plan will be provided courses of study and training meeting standards prescribed by the Surgeon General;

(c) that the institution will furnish student nurses under the plan (without charge for tuition, fees, or other expenses), courses of study and training, uniforms, including street uniforms, and maintenance in accordance with regulations of the Surgeon General;

(d) that the institution will pay student nurses under the plan a stipend at not less than the following monthly rates: $15 for the first nine months of study; $20 for the following 15 to 21 months of combined study and practice, depending upon the curriculum of such institution; and

(c) that the institution will either afford student nurses under the plan an opportunity to complete their course of training until graduation at such institution and will pay such student nurse a stipend at a monthly rate not less than $30 for the period following the period of combined study and practice and prior to graduation, or will transfer such student, after completion of the period of combined study and practice and prior to graduation, for training in some other institution, but only if such training may be credited toward graduation, and the institution to which the nurse is transferred agrees to pay her a stipend at a monthly rate of not less than $30 until graduation.

SEC. 3. (a) From the sums appropriated therefor the Secretary of the Treasury shall pay each institution, with a plan approved under section 2—

(1) with respect to items furnished student nurses thereunder, amounts determined by the Surgeon General to compensate such institutions for—

(A) reasonable tuition and fees for the courses of study and training;

(B) reasonable maintenance provided pursuant to section 2 for the first nine months of their course of study and training;

(C) uniforms and insignia, provided in accordance with section 2; and

(D) the minimum rate of stipend specified in section 2 for periods prior to completion of the course of combined study and training referred to in such section; and

(2) with respect to items furnished graduate nurses thereunder, amounts determined by the Surgeon General to compensate such institution for reasonable tuition and fees for postgraduate and refresher course of study, and reasonable maintenance for graduate nurses undertaking postgraduate courses, or such portion of such amounts as may be determined in accordance with regulations of the Surgeon General.

(b) Determinations by the Surgeon General under this section of amounts which any institution shall receive shall be conclusive upon such institution and upon the General Accounting Office.

SEC. 4. The method of computing and paying the amounts referred to in section 3 shall be as follows:

(a) The Surgeon General shall, from time to time, on a prepayment of reimbursement basis, estimate or make determination of, the amount for each institution, which amount shall be reduced or increased as the case may be by any sum by which he finds that unadjusted payments with respect to any prior period were greater or less than the amount which should have been paid to such institution pursuant to section 3 for such prior period, and shall certify the amount so estimated or determined and so reduced or increased to the Secretary of the Treasury.

(b) The Secretary of the Treasury shall thereupon, through the Division of Disbursement of the Treasury Department and prior to audit or settlement by the General Accounting Office, pay the institution at the time or times fixed by the Surgeon General the amount so certified.

SEC. 5. In lieu of payment therefor under section 3 (a), the Surgeon General is authorized to procure and provide insignia for student nurses under a plan approved under section 2.

SEC. 6. The Surgeon General with the approval of the Federal Security Administrator is hereby authorized to promulgate such rules and regulations as may be necessary to carry out the purposes of this Act.

The CHAIRMAN. Admiral McIntire, please.

STATEMENT OF REAR ADMIRAL ROSS T McINTIRE, MEDICAL CORPS, UNITED STATES NAVY, SURGEON GENERAL OF THE NAVY

The CHAIRMAN. Admiral, for the record, will you state your name, please, and title, and whatever other information you want to give about yourself?

Admiral MCINTIRE. Rear Admiral Ross T McIntire, Medical Corps, United States Navy, Surgeon General of the Navy.

The CHAIRMAN. Admiral, will you proceed, then, as you wish?

Admiral MCINTIRE. Mr. Chairman, the Navy is very decidedly interested in this bill. I am coming this morning to support the bill and speak more on my own personal interest in the matter than from the Department's side, for this reason: We received the bill rather recently, and the Department has not been able to clear through the Budget a short amendment that we feel should be attached to this bill to make it an enabling one, from our standpoint, so that we may pay for the services, uniforms, messing, and so on, of student nurses that might be transferred to us during their last 6 months of training.

We hope to be able to hand to the committee, in a very short time, our views and an amendment which we hope you will consider. I am sorry that that can't be done at this time, this morning.

I would like to comment, though, on the need for nurses. I am sure that that is superfluous, but for the record I would like to say that the need for at least 65,000 more student nurses in this coming year is imperative.

Now to do this, the Government will need to help, and the Public Health Service, I believe, is the proper organ to carry this out. I think the preparations that they have made to do this will be adequate, and that we can get results. I know that all the civil institutions are in accord, that we will get cooperation.

Then I would like to add, also, that not only do we, in the armed services, need more nurses, and will continue to need more, but that in the long view, the civil needs of this country will be such, through the rest of this war and in the post-war period, that we will not have anywhere near enough graduate nurses to supply those needs.

And when we consider what will happen when this war is over—and the change in population that must again come about, for war industries have certainly dislocated population—health conditions will be of even greater importance to the future of this country following the war than they even are today.

And so we should have a very thorough and workable plan for all the health needs, and I hope that that will be forthcoming in the very near future, and this is a constructive step. I believe the small amount of money that the Government will need to put up to activate this plan will be very well spent. It will be something that will pay dividends for many, many years to come.

And so I can say from my own experience in this first year and a half of war that this program will help definitely in the war effort. The Navy will need every nurse that can be spared from the civilian set-up.

The CHAIRMAN. Senator Tunnell?

Senator TUNNELL. Admiral, I was interested in your statement that after the war, you thought there would be a great shortage of nurses—is that what you said?

Admiral MCINTIRE. That is perfectly true.

Senator TUNNELL. How do you explain that?

Admiral MCINTIRE. Well, I will explain that in this way: We are, of course, during this year, and the next year, and we hope not more than the following year, as far as the armed services are concerned, will still need to take nurses from our civil institutions; that is, the graduate nurses. Now we might feel that we, then, when the war is over, could return these nurses to civil life. I don't believe we are

going to be able to do that anywhere near in the percentages that we would expect, because, whether we like it or not, we are going to have a great responsibility in seeing that there are not epidemics in certain other parts of the world; and so, the armed forces will need, for a time at least, to keep up the strength of their medical departments, and that will mean that we will need to keep a great many of these reserve nurses on active duty in the services for some period following the war; and for that reason we will not give the help then that we should give to the civil communities immediately following, and the Public Health Service will then have the responsibility of the over-all plan of seeing that epidemics do not break out in continental limits.

Senator TUNNELL. That is what I was interested in.

Admiral MCINTIRE. Yes, sir.

The CHAIRMAN. Admiral, there is one more question. We have heard, in considering rehabilitation bills and things of that kind, that more men are being saved in this war who will need rehabilitation, than in the past wars—thank goodness. But at the same time, it opens up a governmental problem, because our Government will have on its hands hundreds and probably thousands of persons who have to be put back into life, who are injured and who will need nursing care.

Now is it proper to use that as an argument in favor of this bill?

Admiral MCINTIRE. I believe that that is an argument. There is no question in my mind, but what our rehabilitation program will be a very large one, and I believe that if we start now—and we have started, I can tell you that—making plans for sane rehabilitation of our wounded, that we will not make the same mistake that was made in the last war, of waiting until a great many could not be rehabilitated. But it will mean that our institutions will need additional nurses, well-trained in this field of rehabilitation.

So I think it is a just argument to use in this case.

The CHAIRMAN. Thank you, Admiral.

Admiral MCINTIRE. Thank you, Mr. Chairman.

The CHAIRMAN. Dr. Draper, please.

STATEMENT OF DR. WARREN F. DRAPER, ASSISTANT TO THE SURGEON GENERAL, PUBLIC HEALTH SERVICE, REPRESENTING SURGEON GENERAL PARRAN

The CHAIRMAN. Dr. Draper, for the record will you state your name and what other facts you want to appear about yourself?

Dr. DRAPER. Dr. Warren F. Draper, assistant to the Surgeon General, Public Health Service, representing Surgeon General Parran.

The CHAIRMAN. Proceed as you wish, Doctor.

Dr. DRAPER. Mr. Chairman, as is generally known, the Public Health Service has had a plan for increasing the number of nurses for the past 22 months. During the fiscal year 1942 the Congress made available an appropriation of $1,800,000 to assist schools of nursing in increasing the number of student nurses. In 1943 the appropriation was increased to $3,500,000. And we have been operating under this plan.

The main purpose was to increase the number of student nurses, and no consideration was paid to the number of student nurses already enrolled in the schools. As a result of the program already under way,

the number of student nurses has been increased by some 12,000. Now that program was considered or developed when we expected to have an Army of about 3,000,000 men. Since the beginning or the program the situation has, of course, changed very much, and now we have a great demand for the services of women in many lines of work.

The uniformed services, of course, are taking a great many women. Some 15,000,000 women, 16,000,000 women, are going into industry, and war services of other sorts are taking many more women. So that it is very difficult to increase or even to maintain the enrollments of student nurses, to say nothing of increasing it under the present conditions.

The new proposed legislation is a radical departure from that that we have had in operation heretofore. It provides new incentives for women to enter the nursing profession, and new inducements; but it seems to us that if we are to get the requisite number of nurses, that new provisions of some sort to induce young women to enter the school of nursing are necessary.

By June 1944 we understand that some 372,000 graduate nurses will be needed in this country. The nurse inventory, which is the best evidence that we have, taken in 1941, indicated that there were about 180,000 nurses available in the country. Since 1941, up to the present time, about—I have forgotten the exact number——

The CHAIRMAN (interposing). Are you going to leave that statement for the record, Doctor?

Dr. DRAPER. I will have it in just a moment.

Well, since that time, through graduations and additions to the nurses, the number has increased to about 259,000. Now, we will need the difference between 372,000 and 259,000, which is the largest number we have available, by 1944, or a difference of about 115,000.

I am very glad that representatives of the different institutions for the training of nurses, and of the hospitals, where the needs are very acute, are here today to give testimony to your committee. From their knowledge and experience I hope it may be possible to get the best kind of legislation that can be drawn for the solution of this problem.

I don't think that anybody claims the legislation, as introduced, is perfect. It represents the best thinking that those of us who have been concerned with it have up to the present time, but any changes that those with knowledge and experience feel should be made to make the plan more workable and more helpful, I am sure that everybody wants to hear and to give favorable consideration to.

Mr. Chairman, I have one very brief amendment that I would like the privilege of offering at this time, if I may.

The CHAIRMAN. That will be fine, Doctor, if you will leave it for the record or state it, whichever one you wish.

Dr. DRAPER. I will state it, if I may, sir.

At the end of section 1, line 5, insert the following:

The Surgeon General is authorized to enter into contracts with private, nonprofit corporations or organizations for the recruitment of student nurses.

Mr. Chairman, the Public Health Service——

The CHAIRMAN (interposing). May I ask you there at that point, why the use of "private" in that amendment? Do you not want to be able to do that with public, too?

Dr. DRAPER (continuing). "Enter into contracts with private, nonprofit corporations or organizations"—yes, sir; of course public would be included also.

The CHAIRMAN. Will you look into that amendment, and see if not including the word "public" there might put a limitation on the amendment which might bring about a bad interpretation?

Dr. DRAPER. We will consider that.

The CHAIRMAN. I have not read the whole paragraph and I do not know, but the amendment, as it sounds to me today, is definitely a limitation which I am sure you do not want, because you want the cooperation of all public institutions.

Dr. DRAPER. That is correct, sir. We will look into that.

Senator TUNNELL. Either by striking out the word "private" or by adding "public."

The CHAIRMAN. Yes; just as long as the limitation does not keep you from doing exactly what you want to do, that is my thought.

Dr. DRAPER. Thank you for the suggestion, sir.

May I make just one other statement? There have been received a number of telegrams that refer to this legislation, all favorable, and I would like the privilege of inserting these in the record, if there is no objection, Mr. Chairman.

The CHAIRMAN. We would like to have them for the record.

(The communications referred to are as follows:)

[Excerpt]

UTAH VALLEY HOSPITAL,
Provo, Utah, February 21, 1943.

Miss PEARL MCIVER, R. N.,
Senior Public Health Nursing Consultant,
States Relations Division,
United States Public Health Service, Washington, D. C.

DEAR MISS MCIVER: I am writing to lay before you the desperate situation which is facing this hospital in trying to provide nursing care—not adequate care—but care of a kind to the patients referred to us. Due to the development of a large steel industry for the war effort, the influx of new population and industrial accident cases has placed a demand for care beyond the hospital's capacity. Likewise the obstetrical service has doubled. On the other side of the picture, from a staff of 17 nurses we are reduced to 7, with no nurse available after this week for the operating suite.

In the course of the last 15 months three of our supervisors have left for the armed services and numerous general duty nurses have married and gone with their husbands to the coast or to other parts of the country. The solution for us does not lie in short-cuts or in aids, for we have long ago cut routines to the minimum and added both a large staff of paid aids and Red Cross volunteer aides. However, we do not have sufficient nurses to supervise the aids we now have or to cover one nurse to a floor on the various shifts.

Our salaries are above or equal to those paid in adjoining territories and we are willing to pay whatever is necessary for the positions to be filled.

We would welcome any assistance from you in finding nurses for our staff or any suggestions you may have as to source of supply.

We purposefully bring our situation to your particular attention in that you may be informed of the seriousness of the situation that will face our civilian health if measures are not soon taken to find nurses for hospitals such as this.

Sincerely yours,

MILDRED F. WALKER,
Superintendent.

[Excerpt]

LONG BEACH, CALIF., *April 23, 1943.*

Mr. PAUL V. MCNUTT,
War Manpower Commission,
Washington, D. C.:

* * * * * * *

Most of our hospital beds are occupied by injured defense workers from the Long Beach-Los Angeles Harbor area or Army dependents and Navy dispensary cases. We are now caring for 350 patients with the same number of nurses that we formerly used for 150 patients. Our nurses are not physically able to do any more work than they are now carrying.

We need today 24 graduate nurses and in 3 weeks 17 obstetrical nurses, 7 of whom should be nursery nurses, 7 general floor nurses, and 3 delivery room nurses.

We are opening a wing for the exclusive use of the local Navy dispensary patients and must staff it with nurses as explained above.

IRMELA M. WITKE,
Superintendent, Seaside Memorial Hospital.

DAYTON, OHIO, *April 30, 1943.*

Miss ALMA HAUPT,
Director, Nurses Supply Board Procurement and Assignment Services,
War Manpower Commission:

Are faced with closing the 30-bed floor May 3. Unless you can assist us to get some general-duty floor nurses. Answer collect.

S. W. RICE,
Acting Administrator, Miami Valley Hospital.

BALTIMORE, MD., *May 3, 1943.*

Miss ALMA HAUPT,
Executive Secretary Subcommittee on Nursing,
Washington, D. C.:

We are interested and would urge the passage of the war reserve bill. The young graduates finishing school are attracted by the high salaries paid by the defense plants and are not applying to schools of nursing as heretofore. Something must be done to make nursing financially attractive.

SISTER MARY HELEN,
Director of Nurses, Mercy Hospital.

NEW ORLEANS, LA., *May 4, 1943.*

Miss ALMA HAUPT,
Washington, D. C.:

New Orleans Charity Hospital suffering keenly from nurse shortage. Unable to replace 260 graduate nurses resigned last 16 months. Nursing staff unavailable to reopen closed hospital wards. Many patients denied admission. Urge legislative approval of funds for training additional students as best means of meeting nurse shortage.

SISTER HENRIETTA.

HARTFORD, CONN., *May 4, 1943.*

Miss ALMA HAUPT,
Washington, D. C.:

Urge support bill for student nurse fund. Connecticut unable to meet quota assigned.

MARION H. DOUGLAS,
Chairman, Nursing Council for War Service.

ST. PAUL, MINN., *May 4, 1943.*

Miss ALMA HAUPT,
Washington, D. C.:

Shortage of nurses makes it imperative that H. R. 2326 and S. 983 have favorable consideration of Congress.

Dr. PETER D. WARD,
Medical Superintendent, Charles T. Miller Hospital.

ALBANY N. Y., *May 4, 1943.*

Miss ALMA HAUPT,
Washington, D. C.:

Graduate general staff nurses, Albany Hospital, now 70; were 180 January 1942; lost over 60 percent in spite of valuable assistance by men and women volunteers. Necessary to close one private ward last week because of nurse shortage. Appeal for help sent War Council of America Hospital Association last week. Association promises early investigation and assistance if possible. Federal aid enabled 20 students to enroll past 2 years; without continuing aid they will have to withdraw from school. If anticipated aid fails, candidates already enrolled for next class will be unable to take course. Continuing losses of general staff nurses must be offset by steadily increasing student enrollment if this hospital is to maintain full service to community.

K. G. AMBERSON,
Director of Russel Sage College,
Albany Hospital School of Nursing.

DETROIT, MICH., *May 5, 1943.*

Miss ADA BELLE MCCLEERY,
Washington, D. C.:

Our daily average patients is 100 less than a year ago due to shortage of nurses and other personnel. We are short of pupil nurses because our school of nursing has been recently reestablished. In March 1942 we employed 221 graduate nurses and in March 1943 only 103 were employed; 40 relief nurses employed daily in 1942 and 60 in 1943. Vacant 40-bed ward floor being used for teaching nurses aids, which I believe is more important than opening it for patients. Nurses aids now give us service equal to 25 nurses. Greatest problem if shortage of nurses for nights and weekends. Situation in other Detroit hospitals is that they are short of all personnel but have not closed any space so far. Herman Kiefer Hospital reports they could care for additional tubercular patients if they had more nurses and if shortage becomes more acute may have to reduce present number. All hospitals report definite shortage of nurses and personnel. Five of our nurses go into the Army this week. Our loss has been to industry as well as to armed forces.

STEWART HAMILTON HARPER HOSPITAL.

Senator TUNNELL. Doctor, you have used the expression "nurses available." Do you mean that that is the total number that there are in the United States?

Dr. DRAPER. There are, of course, married nurses and nurses who, for physical reasons, would not be eligible for this kind of service, active service.

Senator TUNNELL. But married nurses might be useful?

Dr. DRAPER. Married nurses are being used to a very considerable extent, but there are nurses with families and children, and so forth, who wouldn't be able to be used. And we figured that the 181,000 was the number of nurses who could actually get out on the job and do active work.

Senator TUNNELL. Thank you.

The CHAIRMAN. Thank you very much, Doctor.
Dr. DRAPER. Thank you.
The CHAIRMAN. General McAfee, please.

STATEMENT OF BRIG. GEN. LARRY McAFEE, MEDICAL CORPS, ASSISTANT TO THE SURGEON GENERAL, UNITED STATES ARMY

The CHAIRMAN. General, for the record will you state your name and your title, and whom you represent?

General McAFEE. Larry McAfee, brigadier general, Medical Corps, assistant to the Surgeon General, United States Army.

Mr. Chairman, I am representing the Surgeon General this morning, who is out of the city. I am authorized to state that the Surgeon General and the War Department are in favor of the enactment of this bill.

This bill provides for the continuation of the flow of young women into the nursing profession. At this time we appreciate that there is very keen competition for young women in various war activities, and many of the positions that they may have possess more glamor and are more lucrative than a study of nursing. Consequently, young women graduating from the high schools are being taken away from the study of nursing.

Under the present system of recruiting, we are obtaining a very satisfactory number of nurses. This has been in effect for 3 months. However, we appreciate that the nurses that we are getting come to us at the expense of the civil communities.

We feel that this bill will encourage a study of nursing and provide a pool that is available to satisfy the Federal services and the civil hospitals, post-war. We feel that there will be an unusual number of nurses required, both in Public Health Service and for the care of the disabled of this war.

Our estimate, based upon a troop basis, is 51,000 nurses by the 1st of July 1944.

The CHAIRMAN. That is for the Army needs?

General McAFEE. That is for the Army; yes, sir.

We realize that as recruiting goes on, it will be getting more difficult and more difficult. Of course, the women trained under this program will not be available to us sooner than 2 years. However, they, in their training, will be helpful and will relieve the registered nurse in many respects.

I think I can add nothing more to the statements of the Surgeon General of the Public Health Service and the Navy.

Senator TUNNELL. How many nurses are there in the Army now?

General McAFEE. We have at this time 27,000 nurses.

Senator TUNNELL. And you would want 51,000 more, did you say?

General McAFEE. No; a total of 51,000

Senator TUNNELL. I was not clear as to that.

General McAFEE. Yes, sir.

The CHAIRMAN. Thank you, General. We appreciate your coming.

General McAFEE. Thank you, Senator.

The CHAIRMAN. Mr. Clark, please.

STATEMENT OF JAMES RUSSELL CLARK, REPRESENTING THE AMERICAN HOSPITAL ASSOCIATION, SECRETARY OF THE COUNCIL ON GOVERNMENT RELATIONS

Mr. CLARK. Mr. James Russell Clark, representing the American Hospital Association, secretary of the council on Government relations.

The CHAIRMAN. What is the American Hospital Association?

Mr. CLARK. It represents 3,200 voluntary hospitals in the country, including some Federal, State, and county hospitals.

The CHAIRMAN. That is, your organization represents all kinds of hospitals, public, private, church, endowed, and everything?

Mr. CLARK. Yes. In other words, out of a total number of hospitals of about 6,500, there are 3,250 in our membership.

The CHAIRMAN. That is about half of the hospitals in your membership?

Mr. CLARK. Yes; and the number of beds is much more than that.

The CHAIRMAN. What about geographical distribution?

Mr. CLARK. All over the United States and Canada; we do take in some Canadian associate hospitals.

The CHAIRMAN. Does it include the Territories?

Mr. CLARK. Yes, sir; Puerto Rico and Alaska.

The CHAIRMAN. What is the aim of the association?

Mr. CLARK. To further the interests of hospitals and to keep high the standards and to keep the public informed about hospitals.

The CHAIRMAN. What has been the record of your association in regard to hospitals, has it been to curb the growth or to encourage the growth?

Mr. CLARK. To encourage the growth wherever it seems necessary, and to encourage the——

The CHAIRMAN (interposing). You recognize the fact that the country as a whole is backward as far as hospitals are concerned?

Mr. CLARK. I wouldn't say the country as a whole, but in sections of the country I believe there is great need for increased space, hospital beds.

The CHAIRMAN. There are some parts of the country that desperately need this increase.

Mr. CLARK. Yes, sir.

The CHAIRMAN. All right, Mr. Clark.

Mr. CLARK. I would like to preface my remarks with a resolution of the board of trustees in connection with S. 983:

Whereas the present supply of graduate nurses for military and civilian hospitals is inadequate to meet basic needs;

Whereas this shortage will tend to increase because of the heavy demand by both the military and civilian populations for graduate nurses;

Whereas the competition of other war activities is likely to reduce rather than permit the necessary increase in normal recruitment of young women for the nursing profession;

Whereas every effort must be made to increase the enrollment of schools of nursing in order that the present shortage may be met before there occurs a serious break down in the health and hospital services of the Nation;

Whereas the American Hospital Association considers this to be one of the most critical problems facing the hospitals of this country; therefore be it

Resolved, That the board of trustees of the American Hospital Association approves in principle Senate bill 983 which provides for the training of nurses for

the armed forces, governmental and civilian hospitals, health agencies, and war industries, and urges your favorable action with minimum delay.

MAY 4, 1943.

In addition to that, we feel that the problem today is most acute, and that unless the nursepower of the Nation is reinforced very materially in the schools of nursing during 1943, that America will face a real threat to civilian health. Nurses are absolutely vital in keeping civilians and soldiers alike healthy to carry on the war.

In the industrial boom towns, defense plants, and public-health services are demanding thousands of nurses. Hospitals are frequently nonexistent, and sometimes even doctors are not available. Nurses must be available to prevent the needless suffering and loss of life, flu epidemics, disaster, sabotage, or enemy action.

The average number of patients under treatment in hospitals at any one time has increased 8 percent over 1941, and this figure is mounting steadily. In Government and civilian institutions alone, there are already thousands of vacancies, and this situation is becoming more acute daily. Even with the luxury nursing reduced to a minimum, many civilian hospitals have been forced to close some of their wings because of the nursing shortage.

The goal of 65,000 student nurses is actually more than 40,000 short of the need, but is so great a strain on existing facilities that no more can be trained at this time. So that the aid of this bill would be very helpful in furthering this program.

I would like to add one amendment that the association is interested in.

Section 6 of the bill, line 18, page 5, the entire section to be deleted and rewritten as follows:

The Surgeon General, upon recommendation of an advisory committee of not less than five members appointed by the Federal Security Agency, consisting of representatives of the nursing profession, hospitals, and educational institutions concerned, is hereby authorized to promulgate such standards, rules, and regulations as may be necessary to carry out the purposes of this act.

We feel that the hospitals who actually train nurses have a logical interest in all these things, and that that is a proper amendment.

RELATIONSHIP OF SCHOOL NURSING TO HOSPITALS

Although a very few schools of nursing are independent of hospital control, such as Yale, Western Reserve, and Cook County, all use hospital facilities for their students' clinical experience.

In each of these institutions there is a separate financial arrangement from which neither the institution nor the school receives any profit. In most instances, it is merely an accounting arrangement.

The great majority, however, are a part of the hospital itself and consequently receive from the hospital not only facilities for clinical experience but also all financial support over and above those fees paid by the student.

In other words, an education program is coordinated with the service program. One of the principles of nursing education is learning by doing. This principle is used by engineering and other technical schools. Under this plan neither school nor hospital is actuated by the profit motive.

May we explain why there was an apparent discrepancy in the figures used at the hearing on the total number of nurses now enrolling: One witness used calendar year figures; one witness used fiscal year figures; one witness used school year figures.

We would suggest that the school year figures be used as published by the American Journal of Nursing, April, 1943, pages 383, 384, 385.

Student admissions—school year of June 1, 1942–May 13, 1943

Totals for United States:	
Students admitted	49,169
Quota for year	55,000
Percentage of quota reached	89
Total students enrolled in United States, January 1, 1943	100,486

Quota of 65,000 incoming students for the school year, June 1, 1943, through May 31, 1944, was set by the subcommittee on nursing, health, and medical committee, Federal Security Agency.

In connection with the reimbursement of hospitals as provided for in the bill, one of the reasons hospitals have been willing to contribute maintenance to students from the day of admission is that the cost of the maintenance was offset by the nursing service given its patients during the latter period of the nurses' training.

Under the provisions of the bill the accelerated course of study will keep the nurses from doing ward duty as early as before. Also, in view of the Federal demand for nurses, the hospitals, in all probability, will not receive only a limited amount of service from the student during the last 6 or 12 months.

Because hospitals are nonprofit, the majority being relatively poor, they are in no position to assume all of the expense of an accelerated program. The hospitals of the country are earnestly concerned about the military needs as well as their own urgent local needs in this time of great emergency.

The CHAIRMAN. We will give consideration to your amendment, and thank you, Mr. Clark, for coming.

Mr. CLARK. Thank you.

The CHAIRMAN. Dr. Davison, please.

STATEMENT OF DR. W. C. DAVISON, DEAN, DUKE UNIVERSITY SCHOOL OF MEDICINE, DURHAM, N. C.

The CHAIRMAN. Doctor, for the record will you state your name and your position?

Dr. DAVISON. W. C. Davison, dean, Duke University School of Medicine, Durham, N. C.

The CHAIRMAN. Will you proceed as you wish?

Dr. DAVISON. I have read this bill, sir, and think that it would do a great deal toward recruiting student nurses, who are very badly needed throughout the country.

At the present time, it has been brought forth by the preceding speakers that there is a tremendous shortage, not only in civilian activities and hospitals, but also in the Army and Navy, and it is becoming increasingly difficult because of the large number of women who are being recruited to other activities. I believe that this bill will make a study of nursing so much more attractive than it has been in the past, that more women will join up in these schools of nursing.

The CHAIRMAN. Duke now has a nursing course, has it not?

Dr. DAVISON. Yes, sir.

The CHAIRMAN. About how many nurses do you train?

Dr. DAVISON. We can train 90 every 9 months, but it has been practically impossible to obtain that number of recruits. We have been assisted by appropriations from the Public Health Service, and we, at the present time, are building an additional nurses' dormitory so we can accommodate more nurses, but it still isn't possible to obtain as many recruits as we can train.

The CHAIRMAN. Your relation is as an endowed institution, is it not? Your relations are such with the other institutions and the

public-health institutions so that it is working out to the advantage of everybody, are they?

Dr. DAVISON. They have been exceedingly cordial and cooperative.

The CHAIRMAN. And the trustees of your institution support your nursing activities, do they?

Dr. DAVISON. Yes, sir.

The CHAIRMAN. And the faculty does, too?

Dr. DAVISON. Yes. It was in Mr. Duke's original gift that a school for nursing should be established along with the school of medicine.

The CHAIRMAN. Do you have any trouble in the school of medicine in having a nursing school attached to it?

Dr. DAVISON. I think it is rather a great advantage.

The CHAIRMAN. I think so, too. I am glad to hear it.

Senator TUNNELL. I would like to ask the doctor if he thinks that the inducement offered in this bill would bring results?

Dr. DAVISON. Yes, sir; I do.

Senator TUNNELL. There has been nothing said along that line thus far. There has been more a discussion of the needs than the likelihood of the increase. I wonder whether you could express yourself as to why you think there would be any great change? Fifteen dollars a month or $20 a month does not seem so large as an inducement wage.

Dr. DAVISON. I don't think the $15 or $20 a month is the major inducement, but during the war everybody wants to get into some service sponsored by the Government for war activity, and I think that is the great inducement, that these women will have uniforms and they will feel they are part of the general war effort, much more so than they would if they were students in a civilian hospital, though they may when they graduate go into the armed services. But pledging themselves beforehand to go into the armed services gives them a consciousness that they are cooperating with the war effort, and I believe that will be a greater inducement than the salaries themselves.

The CHAIRMAN. Thank you, Dr. Davison.

Dr. DAVISON. Thank you, Senator.

The CHAIRMAN. Miss Sheahan, please?

STATEMENT OF MISS MARIAN SHEAHAN, REPRESENTING THE NATIONAL NURSING COUNCIL FOR WAR SERVICE AND THE SUBCOMMITTEE ON NURSING OF THE OFFICE OF HEALTH, DEFENSE, AND WELFARE; PUBLIC HEALTH NURSING IN NEW YORK STATE, ALBANY, N. Y.

The CHAIRMAN. Please state for the record your name and your title, Miss Sheahan?

Miss SHEAHAN. Miss Marian Sheahan, formally representing the National Nursing Council for War Service, and the subcommittee on nursing of the office of health, defense, and welfare. May I say that informally I am representing the opinion at least of one director of public-health nursing in New York State, because that is the work that I do and I earn my living from. That seems important, because I speak from first-hand knowledge of local needs, and can speak quite feelingly from that point.

It seemed as though my contribution might be to give a brief picture of all of the steps that have been taken by the organization which

the professional nursing services have developed in order to indicate why we feel justified in appealing to a Government that we know is pretty well pressed from all sides for help, because we feel we have really taken every opportunity and followed every step to take care of the big job of meeting the needs for nursing throughout the country, and it almost seems as though we have come to the point where we can't do the job unless we get a considerable amount of help which is not available and probably never could be within the profession itself at a period when the country is at war.

Now, very briefly, the nursing organizations number five on the national level, representing different services and different branches of nursing. When the war broke out, and a year or more before it, it seemed as though if we were going to coordinate all our efforts and make the very best plan that could be made, that we should have some machinery for pooling all of the experience that was available, pooling all of the plans that had been made, and making a concerted effort to do the job.

Therefore, the National Nursing Council for War Service was the device, and essentially it is just what is described, a council whereby all of the representatives of the nursing profession, with liaison representatives from the governmental nursing services, and the Hospital Association, and laymen who utilize the service, could be brought around the table to think together, plan together, decide what to do, and then lend all their efforts toward a coordinated program.

That has worked out very well, and we feel that it is quite an effective type of organization to do the job.

Then the subcommittee on nursing was a small committee appointed as a governmental committee to serve as a channel for the profession to utilize all the governmental resources, and to get back to the council, which is the professional group, the thinking and the needs of the Government. That, too, seems to work very well, because it has brought about very close planning on the basis of information which is accurate and first hand. It has certainly brought about a great deal of mutual understanding and a good deal of compromise and give and take, so that we can say that nursing—when I say nursing, I mean the profession of nursing—and the agencies utilizing nursing in the Government, are truly in accord.

That, briefly, is the organization through which we have worked. At the State level there are State councils comparable to the national; and at the local level, cities and counties throughout the country, there are local councils organized in much the same way. So that we can route back through the National Council and to the subcommittee on nursing, the actual needs and the thinking and the feeling of the smallest parts of this whole country.

Now, the problem can be simply stated, and then broken down into smaller parts. It is the constantly increasing demands for nursing service from all sides, the military being one, and the supply lagging. We have been thinking of the future as well as the present, because we have to think of how this large group of nurses, this large group of young women who are being invited into the nursing profession, how they might earn their living when the war is over, and what the future has to offer. So we have been very much aware of that, and have taken it into consideration, and feel on the basis of that consideration that

we are perfectly justified in continuing the expansion of the student-nurse program.

Now the two component parts of this big problem really deal with the supply of nursing with all of the aids to nursing which can be secured, and the distribution of the available supply.

The council, working through these various channels—I won't attempt to give credit, because it truly has been pooled thinking and pooled effort—so that I will say the council, representing the whole group thinking, the steps to date were, first, the taking of an inventory so we would know what the supply was. That inventory was first taken in 1941, and was repeated this year, so that we do base our facts upon as good an estimate of the nurses in the country who are available or will make themselves available for service, as possible.

That inventory in 1941, and the last one in 1943, included every inactive nurse who could be reached, with the thought of getting every inactive nurse back into some kind of nursing service, even if it were for only 2 or 3 hours a day in her own small area, according to her residence and her own personal situation.

In one State at least, New York State, the practical nurses were included, because we have a license law that licenses practical nurses, and therefore we had some 25,000 nurses who were listed and could be reached because they were on a roster.

The next step was the decision, based upon the studies and the inventory, and so forth, and such studies as the American Medical Association have made, which they print in their journal every so often, the facts about nursing, which is published by the American Nurses Association every year, the experience in England, which has been summarized, and other data of that kind. I won't attempt to go into all the figures, because they are many and sort of a little bit too complicated to read off. But all of the evidence is here if you would like more than possibly you have already received.

Now the next step was to develop a recruitment program for student nurses, to increase the number over normal times, and roughly speaking, the number the first year, 1941, was increased by 15,000, making the goal 55,000. That goal was not reached, although excellent work went into it, and we were quite satisfied that it was partly reached.

The next point was to develop a plan, which was developed with the League of Nursing Education, to aid the schools of nursing in the country to accelerate their programs of study, so that instead of graduating so many nurses in 36 months that program might be accelerated down to 30 months or 24 months, so that there would be more turnover, leaving the facilities in the hospitals for these newer students who were coming in.

There was an education unit developed within the council, the salaries for part-time people were paid, and they are now going right out into the schools and holding institutes in regions to help the schools with their plans for acceleration.

The next point was one of quite widespread public information, including information to the professions so that they would know what was going on and could follow along the program. Also, that the public would be informed and would give their support.

The sixth was quite an intensive effort to return every inactive nurse by actually going out after her if she were known to exist, and by a

little interpretation helping a nurse who had been out of active practice for a good many years to realize that even though she was a bit rusty there were refresher courses being organized and she could do something if she would arrange her time. That was done largely by the local councils, because they were at the spot where the hospitals needed nurses and where the nurses lived.

The next point was the use of supplementary assistants to stretch nursing as far as it would go, and that was through the program of the American Red Cross and through a large number of other volunteers who could give minor services which did not require the training which the nurses required. That has been very successful, and without a doubt has been a lifesaver for the country. The Council on Nursing, through its local branches, certainly did a great deal to encourage the utilization of those aides, and I don't believe there is any hospital, probably, in the whole country, or any public health nursing agency, that isn't making use of a large number of auxiliary workers, most of them volunteers, a good many of them being paid either for part-time or full-time service.

The next step was a rather intensive study of the supply of nursing in relation to the distribution, on the basis of priority needs, and the Council got out first a pamphlet like this, which has to do with the distribution of nursing service during war. Then they followed this up with a little bit more dramatic copy, decorated in red and white, which gave the same information in different form, and that was designed to help the agencies throughout the country and the nurses to decide whether they should stay in their home jobs because they were essential, whether they should go into the military service, and also was designed to help the hospitals and the agencies utilizing nursing to really do some pretty good study of the work they were assigning nurses to, in order to short-cut and to turn over to nonnursing personnel the things that really didn't require nursing skills. We know, for instance, in the old days that nurses cleaned all the hypodermic needles. Well, by teaching a volunteer or an attendant to clean those needles, it will be quite possible to release a nurse to give a treatment or to take care of a sick patient. We feel that that has been done pretty well, and that it should go on and more should be done, but nevertheless it was a pretty important step in the program.

Then the last step was to do pretty good teamwork, and that has been demonstrated with the American Red Cross in recruiting nurses for the military services, all of these steps being a very important part of this last, rather major objective.

Then we have worked very closely with the United States Public Health Service in helping the hospitals utilize the funds which were available from that first fund for education, which Dr. Draper mentioned.

Now the estimates of the needs upon which this bill which we are discussing was drawn, came from all of these sources, and really seemed to point very definitely to the fact that we do need a larger number of students even than the 65,000 which is the goal which has been made public. Because when you assemble all of these facts, based upon the patients in the hospitals, the Public Health nursing agency need for nurses, the need for nurses in industry, they actually add up to about a shortage of 94,000 student nurses, if you interpret student service in term of graduate service; and we know, again

through the studies of the nursing agencies and the hospital association, that usually, say roughly, that three students will take the place of two graduates after the first period of intensive instruction is over.

So that those estimates truly have been based upon the very best statistics that are available. Therefore, we have said that we will publicize 65,000, but if we can get as many as 90,000 students into the schools in the country, we could utilize them very well, because that still doesn't meet this numerical shortage which has been developed through all of these data.

Therefore, we have felt that we have done all we can in the profession, because we are competing with all of the other very spectacular and dramatic appeals to women of the country. Now we don't want the young women who will just yield to a dramatic appeal and go into a school of nursing and drop out in 6 months. Therefore, we haven't proposed a very, shall we say, lucrative sum of money which will attract a young woman who isn't going to really consider the values in nursing. But we do feel, nevertheless, that in order to compete with all of the other attractions for young women, through industry paying large salaries, through the other women's activities of the Government—the WAAC's and the WAVES and the SPARS—that there must be some evidence that the Government considers nursing an essential in this war effort, and gives more than just the statement (and to date it has just been the statement) that nursing is essential. We have had no governmental support other than the U. S. Public Health Service educational unit, which has been helpful, but it hasn't provided this appeal which will help the young women to consider nursing when they consider some of these other things.

Therefore, we consider that this bill offers a small stipend which will make it possible for young women to enter school and maintain themselves, and their personal needs; it offers the appeal that it is a governmental service with an insignia and with a wartime implication; and it also offers the help to the schools of the country whch will make it possible for them to admit the students.

Lastly, we feel that opening up the governmental hospitals and the hospitals under the Army and the Navy, it will provide the clinical facilities so that anywhere, from 65,000 students and over, they can actually be given reasonably sound nursing education. That wouldn't be possible if just the present schools of nursing were utilized. It means opening up these other facilities, and the bill provides for these.

It is for this reason that we feel we have truly demonstrated the willingness to go just as far as we can as a profession, that the money has been found within the profession and from voluntary sources to do the work up to date. We feel we have done an excellent job on recruiting, we have an excellent clearance bureau which is working and which has answered many, many thousands of letters, and a brief summary of that will be offered in testimony later.

We have now come to the point that we feel justified in asking for this aid, because without it we just don't see that we could do the job.

Senator TUNNELL. I would like to ask a question. Before 1941, for instance, what was the usual number of student nurses taken on?

Miss SHEAHAN. About 30,000.

Senator TUNNELL. Is it the thought of those of you who make a study of this situation, that if there should be an annual increase or an annual addition of 65,000, that there would long be a requirement for that many?

Miss SHEAHAN. We rather feel so, because we know that even in normal times, the hospitals were understaffed, we know that public health nursing agencies were understaffed, and we know that there is a considerable loss in the field of nursing due to the fact that the bulk of the group are women; they have a high marriage rate, and there is a lot of turn-over in nursing.

We also are feeling quite confident that while we don't know exactly what is going to happen in the future, that there are going to be many years of more work through the governmental hospitals, because they will have many more patients to take care of through the rehabilitation of the soldiers, and we know that there probably will be an increasing demand for hospitalization because of the popularity of the group-hospital plans, like the Blue Cross, and so forth. There already has been an indication of that. So we really feel quite justified, and I think we have thought it over very carefully because we have an obligation to the young women whom we go out to recruit and invite into nursing, we have an obligation to see to it that something is offered them later, but we really feel that they will be employed.

Senator TUNNELL. Taking into consideration the various ways by which you lose nurses from the activity of the nursing profession, as I understand, through perhaps loss of health or marriage or maybe death, have you any idea of the nursing life, the average nursing life? I don't mean the lives, but the time that they continue in the work.

Miss SHEAHAN. I wish I could remember it; it is in this book [indicating].

Senator TUNNELL. You do have such information?

Miss SHEAHAN. Yes; and the turn-over has been figured out.

A VOICE. Seventeen-plus years of nursing.

Miss SHEAHAN. It is 17-plus years.

Senator BALL. Maybe these facts have been developed; I got here late.

Can you tell me approximately how many nurses are in service now?

Miss SHEAHAN. According to the 1941 inventory, approximately almost 300,000 answered the questionnaire. Now, if 20 percent didn't answer—there are 280,000, I think—a certain number might not have answered, but you could at least count on that number as actively engaged in nursing. We usually say around 300,000.

Senator BALL. Those are 1941 figures?

Miss SHEAHAN. Yes. That doesn't mean, remember, that all of those nurses are doing full-time work. Maybe between 40 and 50 percent are in private duty, and they may take only one case a month, or work 20 days a month. So when you figure on that group of nurses through an inventory, we really have very little way of knowing how many of that group are in full-time nursing practice, because I think, Senator, you asked the question, How many inactive nurses or married nurses could work? We know many of them can work, but maybe not all the time.

Senator BALL. So there woud be a considerable deduction from that figure for full-time nurses?

Miss SHEAHAN. Yes.

Senator BALL. Does your 1943 survey show much of an increase?

Miss SHEAHAN. The 1943 survey has only been tabulated for 30 States, and those 30 States have been tabulated and can be provided now, and very shortly more will be ready. But it shows an increase in the number of inactive nurses who have come back into some form of nursing, so that we have quite a bit of evidence that some of these steps which I enumerated have been successful. It does not show an increase in the actual number of nurses in those 30 States, but I believe Miss Dunn will verify this: Those 30 States did not include some of the larger States.

Miss DUNN. Not all of them.

Miss SHEAHAN. It included about 175,000 nurses.

Senator BALL. And you estimate the current shortage at 65,000 full-time nurses?

Miss SHEAHAN. Actually, the actual shortage comes out nearer to 90,000—94,000, I think.

Senator BALL. That is full-time nurses?

Miss SHEAHAN. Yes; 90,000 student nurses, because we were interpreting graduate nurse service——

Senator BALL (interposing). Three student nurses can replace two graduate nurses after this initial 9 months' training?

Miss SHEAHAN. That is right; and this estimate also takes into consideration that the utilization of auxiliary workers should keep up at the present pace plus, and the "plus" would go through to a couple of double plusses, because they are very much needed.

Senator BALL. Is that the current figure that you estimate you need, 95,000 in training now, is that figure going to increase or is that based on future needs?

Miss SHEAHAN. No, sir; it is based upon present needs.

Senator BALL. Has it been projected on the basis of future needs?

Miss SHEAHAN. It was projected to a certain extent, but those ratios were really developed on the basis of the present practice in nursing in hospitals throughout the country; the number of nurses employed in public health agencies; plus an estimate of the number who are now going into industry, and that has been doubled or trebled.

Senator BALL. Well, that figure, then, might increase?

Miss SHEAHAN. The needs might increase, it is true, but the increase would be purely hypothetical, and we couldn't determine it. That is why we feel that this is a conservative estimate, because it is not based upon unknown quantities, it is based upon the actual current practices in the country, plus the estimate which the military services gave, which is a new need, of course.

You might ask why 65,000 was determined as the goal when we needed more. It seemed as though you had to set a quota to be publicized that would seem reasonable, and it also represents approximately the group of young women that might be easily attracted into the schools of nursing. Then we can do the digging for the rest and get as many as we can.

Senator BALL. How many student nurses are there in the country now?

Miss SHEAHAN. The last figure, I believe, was about 100,000 students in the schools of nursing in the country.

Senator BALL. Then you want to approximately double that figure of 100,000?

Miss SHEAHAN. Yes, sir; we would like surely 165,000 plus.

Senator BALL. How does the stipend provided in this bill compare with what student nurses generally receive now, or do they receive any?

Miss SHEAHAN. For the most part, and there again one of these nursing educators in the back might have the number right on the tip of their tongue, for the most part the students receive nothing. If they receive anything from their parent hospitals, they pay for their own tuition. So that the students receive practically nothing for stipends now. This would be something that would be a deliberate effort to approximate the benefits which are coming to the other women's services being called essential by the Government.

Now I am sure that one of this group back here would know the numbers, and would know that more accurately than I.

Senator BALL. Well, the general practice is that they get their tuition, their board and lodgings, and uniforms, but very little stipend?

Miss SHEAHAN. No stipend, practically, and in many, many hospitals the student pays for her own tuition for her nursing education.

(At this point the chairman left the room, and Senator Tunnell assumed the Chair.)

Senator BALL. So that actually, this would be a considerable change from the present policy?

Miss SHEAHAN. It would be a considerable change from the present policy, which has been based upon a growing philosophy that nursing is an education, that the preparation for nursing is an educational procedure which should be based upon educational principles, and that the students should pay for their tuition, that the hospitals should evaluate the service the student gives and pay her for that so that she has something from which to pay for her tuition, and that practice has been growing in the schools of nursing throughout the country.

Senator BALL. Under this bill, of course, the Government would pay both the tuition and the stipend, and for uniforms and all the rest?

Miss SHEAHAN. Yes, sir.

Senator BALL. Do you anticipate that all the present schools of nursing would come under this plan?

Miss SHEAHAN. I couldn't say, because——

Senator BALL (interposing). They could apply, and if they were approved their schools would then come under this plan, and I would take it that most of them would apply.

Miss SHEAHAN. Yes.

Senator BALL. It would take quite an expense off their shoulders.

Miss SHEAHAN. We would assume that certainly any hospital that would meet the requirements approved by the Surgeon General would certainly apply, and there seems a great deal of evidence that the hospitals are interested and will apply.

Senator BALL. And actually, it is going to relieve the hospitals of quite a financial burden, isn't it?

Miss SHEAHAN. I wouldn't believe so. I believe it will help them so that they will have no additional burden in return for the pressure which they are yielding to take more students than they ordinarily would take. I wouldn't want to speak to that, because I don't believe that I am prepared to, but I think either Mr. Clark or someone from

the United States Public Health Service have figured that out, and I believe I am right in saying that it is not going to make the hospitals wealthy by any means, but it will help them to take on this extra student load.

Senator BALL. Well, they now provide the maintenance and uniforms generally, don't they? They don't charge the students for that?

Miss SHEAHAN. It is a little bit hard to generalize in answer to that question, because the practice in hospitals varies so in various parts of the country, and we have small-, middle-, and large-sized hospitals, and the practice is very spotty along the way. So that in some hospitals, the answer to your question might be yes, and in others, no.

The general philosophy, however, has been to encourage placing nursing education on an educational basis. Separating the costs of nursing education, so that it pays for itself, the service to the hospital can be evaluated and the two related so that neither the student suffers nor the hospital suffers.

If you would like more figures on that, they can be provided, because the actual number of hospitals and the practice throughout the country has been summarized and could be provided. I am sorry that that isn't my specialized field, so that I haven't all those facts on the tip of my tongue.

Senator TUNNELL. I might ask this: Is there, from the survey that you have made in the 30 States that you spoke of, any indication as to whether, without this inducement, there has been an increase in the student nurses?

Miss SHEAHAN. There has been an increase; yes. The survey, by the way, includes graduate nurses, the available supply immediately, and was carried on all over the country, but only 30 States have been tabulated. There has been an increase over and above 1941, and that increase, I believe, has reached 49,000. Again, I would like one of these people to correct me if that is wrong. So that without this, there has been an increase from between thirty and thirty-five thousand to forty-nine thousand. That is what makes us believe, based upon many interviews and thousands of letters from the young women who are interested in nursing, there was growing evidence that they wanted these assurances, that they were thinking of these other women's occupations, and that many of them said they needed help if they were to go into schools of nursing, and that they do get such help from these other women's occupations, like the WAVES and the WAAC's.

Now there is abundance of proof that that is the reaction of the young women of the country, based upon many thousands of letters, and I think the chairman of that recruitment committee is going to give testimony tomorrow morning, and will give you more of the details for the record.

Senator TUNNELL. I understood you to say that prior to 1941 there were a number of student nurses, aggregating about 30,000 per year, and now you say that it has increased to about 49,000; is that correct?

Miss SHEAHAN. Yes, sir. Sometimes you will find a little difference in your figures, because some of the statisticians base their figures on the calendar year, and others base them on the school year, from June 1941 to June 1942. Now the estimates which were used in presenting this brief to you were the school year, July of any year to July of the next year.

There has been a satisfactory interest in nursing, and an increased interest on the basis of the war, which again gives us the feeling that if we go out after this additional group, up to 65,000, with these incentives to aid us, that we probably can reach the goal.

Senator TUNNELL. All right, thank you.

Miss SHEAHAN. Thank you, gentlemen.

Senator TUNNELL. Next on the list is Col. George E. Ijams.

Colonel, will you give your name and official position to the reporter.

STATEMENT OF COL. GEORGE E. IJAMS, ASSISTANT ADMINISTRATOR OF VETERANS' AFFAIRS, VETERANS' ADMINISTRATION, WASHINGTON, D. C.

Colonel IJAMS. Col. George E. IJAMS, Assistant Administrator of Veterans' Affairs, Veterans' Administration.

Mr. Chairman, unfortunately General Hines had to leave the city to attend a meeting of the American Legion in Indianapolis and on the request of Senator Thomas he prepared a letter which he has asked me to come up and read. So with your permission I will read the General's letter.

MAY 5, 1943.

Hon. ELBERT D. THOMAS,
Chairman, Committee on Education and Labor,
United States Senate, Washington, D. C.

MY DEAR SENATOR THOMAS: This will supplement my letter of May 1, 1943, pertaining to your telegram of April 30, 1943, and your letter of April 30, 1943, requesting a report on S. 983, Seventy-eighth Congress, a bill to provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training, and for other purposes.

This letter may be considered as a report on the bill, but it should be stated that due to the limited time the report has not been coordinated with the Bureau of the Budget to ascertain the relationship of the proposed legislation to the program of the President.

The bill has for its general purpose authorization of funds to be appropriated for the fiscal year ending June 30, 1943, and for each fiscal year thereafter, to provide for the training of nurses for military or essential civilian services for the duration of the war. The plan may be limited to student nurse training, or to postgraduate or refresher nursing courses, or may include both. The bill makes provision for certain monthly rates of pay to student nurses and also provides for payment to each institution with a plan approved by the Surgeon General, Public Health Service, under section 2 of the bill. The bill further provides that the Surgeon General, with the approval of the Federal Security Administrator, is authorized to promulgate such rules and regulations as may be necessary to carry out the purposes of the act.

It should be stated at the outset that while the Veterans' Administration is in accord with the general purposes of the proposed legislation, it is suggested that the bill be amended to specifically provide for the needs of the Veterans' Administration.

As a background to the present and prospective needs of the Veterans' Administration for hospital personnel, including nurses, there are 93 facilities of the Veterans' Administration furnishing hospitalization and domiciliary care, with a total of 80,176 beds presently operated. Construction to increase existing facilities to provide 1,379 beds is under way and plans for further construction to provide 2,419 additional beds has been approved. The Federal Board of Hospitalization has made, and is making, a continued study of governmental hospital needs. The Federal Board of Hospitalization includes representatives of the Veterans' Administration, Army, Navy, and Public Health Service, and the studies are conducted under the President's order envisaging complete correlation of the Government building program. In addition to veterans of prior wars, and veterans of World War II not now in active service but

eligible under existing laws, the existing agreement made in pursuance with law, requires that the Veterans' Administration afford needed hospitalization to all veterans of the present war released by the Army and Navy as soon as it is determined that they cannot be returned to active service. Several thousand have already been given this care and the load is being increased.

The personnel shortage at the Veterans' Administration hospital facilities includes physicians, nurses, technical personnel, attendants, utility, and supply personnel, etc., and this condition has become acute. If the service is to be maintained, drastic steps must be taken to secure the needed personnel. This bill seems to offer an approach to future, not present, solution of the problem as to nurses.

During the past year the nursing service of the Veterans' Administration has been faced with increased difficulty in filling vacancies with qualified nurses. Many of the nurses who are being recruited are beyond 55 years of age and have either been engaged in private duty or have been entirely out of the field of nursing for the last 5, 10, or 15 years. These nurses are unable to stand the hard grind of institutional work; they are slower and less apt to meet the emergency load with calm clear thinking, even though they may be willing. The work is beyond their physical capacity. We are also getting nurses who have not been actively engaged in nursing for the last 5 years. This group, though younger, presents a similar problem in institutional nursing.

At the present time our hospitals require a total of 4,474 nurses, and the expanded program will add to this need. With almost 500 vacant positions at the present time, it can be easily seen what will result unless the Veterans' Administration can have access to the pool of trained nurses, including those newly trained under the contemplated plan. Between May 1, 1942, and May 1, 1943, 1,394 nurses resigned from the Veterans' Administration. Only 101 gave as their reason for resigning the fact that they were entering the military service. To fill these vacancies it has been necessary to give the managers authority to recruit nurses locally as the United States Civil Service Commission is unable to certify enough applicants to meet the demand. The situation has been gradually becoming worse until today, from the United States Civil Service Certificate of 328 names, only 7 have been assigned. Managers are unable to recruit locally enough nurses to fill vacancies. Some indication of the gravity of the situation may be indicated by the fact that for 1943 it is expected that 2,000 nurses will be required to fill vacancies; for 1944, based on increased utilization, it is expected that approximately an additional 1,190 over and above the number needed for filling vacancies, will be required.

The Veterans' Administration, under the existing laws and under present conditions, cannot employ and retain an adequate number of qualified physicians, dentists, nurses, attendants, utility and supply personnel, etc., to operate its hospital facilities. The functions of treatment and care cannot be discharged on a proper basis because of such conditions and the impracticability of adapting new employees to the particular work involved, even with continued supervision. Due to the fact that such appointments as can be made are made under wartime conditions, where the Veterans' Administration cannot compete with the salaries paid in private industry, there is a large turn-over incompatible with sound principles of personnel management and serious impairment of medical and hospital services to our war disabled. The sources of supply of nurses—and this is generally true with reference to medical and other personnel—which before the national emergency were generally suitable to meet the needs, have been removed, and those sources, by virtue of war conditions, have been absorbed into the Military and Naval Establishments.

In considering the facts contained in this explanatory letter, it should be borne in mind that the Veterans' Administration facilities are utilized not only for the discharged disabled of the present war and prior wars but are also utilized wherever necessary for persons disabled and while still in active service. It is obvious that further impairment of the functions of Veterans' Administration facilities should not under any circumstances be permitted. It is a recognized principle that a major obligation of the Federal Government is to care for its war disabled, and nothing short of the most efficient medical care of these persons can be contemplated. The responsibility of the Veterans' Administration is fixed under the statutes and it is in the conscientious discharge of this responsibility that I have made, and am continuing to make, every effort to insure the accomplishment of the purposes of those laws.

It is my desire to impress upon the committee what I consider to be not only the appropriate but necessary place the Veterans' Administration should occupy in a sequency of priority on a supply of nurses. Considering the Federal obliga-

tion to the war-disabled veterans and the other veterans whose rights to hospitalization have been provided by law, it is believed that the position of the Veterans' Administration should be second only to the War and Navy Departments in such priority. Recognizing my full responsibility in the matter, it is believed preferable that this sequence of priority for the Veterans' Administration be made a matter of law. This statement is made without prejudice to any program involving civilian needs. In my opinion, the civilian problem should be treated separately, so that under no conditions will the needs of the War and Navy Departments and the Veterans' Administration be impaired.

For the foregoing reasons, it is the recommendation of the Veterans' Administration that your committee give favorable consideration to the amendments to the bill as outlined herein.

Very truly yours,

FRANK T. HINES, *Administrator.*

Senator BALL. Section 2 of the bill provides, as I read it, that each nurse trained under this program will be available for military or essential civilian services, and it does not attempt to set up any priorities. It seems to me that that is a pretty tough assignment to try to take on in legislation, to set up rigid priorities for nurses.

Obviously the Public Health Service might do something like that, but I question the wisdom of trying to write a rigid priority into legislation.

Colonel IJAMS. We have had some experience, Senator, with regard to the securing of physicians. We were supposed to secure, through the organization set up for that purpose, certain physicians for our service. To date we have not received one physician through that channel, and it was our thought that if—and I might read, if I may, the proposed amendment, as we have written it, on page 2, line 12, or I might read that paragraph (a) under section 2, which begins at line 10—I will read the whole thing with the inclusion of the proposed amendment:

that no student or graduate nurse will be included under the plan unless in the judgment of the head of the institution such nurse will be available for military, Veterans' Administration, and essential civilian services in the order named—

And so forth.

That was the only suggestion we had to make, sir.

Senator BALL. That would require a nurse, then, taking training under this; if the Army or Navy asked for her, she would have no alternative but to go; if they didn't ask for her but the Veterans' Administration did, she would have to accept employment with the Veterans' Administration. I mean, you have got a rigid priority system there.

Colonel IJAMS. It was not our thought, Senator, that we would establish any priority as to numbers, because we realize that no one knows how many nurses this bill will produce. We hope it will produce the 65,000.

Senator BALL. I think that would be the sense of that kind of amendment, if you had it "in the order named." I wouldn't be averse to including the Veterans' Administration, but it seems to me if the Army and Navy grabbed all the nurses, your Veterans' Administration and essential civilian services would have none.

Colonel IJAMS. That is exactly what has happened insofar as the physicians are concerned, Senator, and that is what we hope to avoid by this amendment.

Senator BALL. Then that is very unfortunate; but by an overriding priority that is what you run into.

Colonel IJAMS. Yes.

Senator BALL. It is perfectly all right to include Veterans' Administration, but I doubt if you want to set up a priorities system. It seems to me that that is something that the Public Health Service has to work out and see to it. I have heard too many reports, as you say, where the Army and the Navy have just grabbed all the active physicians out of a certain area and left it in bad shape.

Colonel IJAMS. Naturally, we are not objecting to the Army and the Navy getting all the physicians and nurses and attendants and everything else they need to do their job, but we have a job to do ourselves which is one that must be done under enactments of Congress. We are required to keep these hospitals operating; we are required to give hospitalization to these disabled men. To do that we must have personnel, and our sole objective is to secure, through this bill, if enacted, some benefit in the way of trained nurses for our service.

Senator BALL. It seems to me that the proper answer to that, just as in the task of splitting up scarce materials for war production, is to survey your available pool of medical and nursing people available, set down the absolute minimum requirements of each essential service, satisfy those first, and then any surplus the Army and Navy have first call on. But it doesn't do any good to give the Army and Navy all the physicians and all the nurses it can possibly use and leave the whole civilian population at home in bad shape, and in the long run that is going to hurt more than help the war effort.

Colonel IJAMS. I quite agree with you.

Senator BALL. That is why I object to setting up rigid priorities in the bill.

Colonel IJAMS. Well, Senator, what you have stated is exactly what we would like to have. We would like to get some benefits from this bill, because we haven't received any benefit from the physician allocation.

Senator BALL. Do the veterans' hospitals run nursing schools?

Colonel IJAMS. No, sir; we do not.

Senator BALL. Are you prohibited from doing it under the law?

Colonel IJAMS. You are getting a little far afield from my knowledge. I am a layman, Senator. But the nursing school, as I understand it, to operate a nursing school you must be able to give certain courses that we could not give, because practically all of our patients are men, we do not have gynecology and things of that kind which we can teach.

Senator BALL. That will be changed after the war.

Colonel IJAMS. I am afraid it will.

Senator BALL. You mean you have no maternity wards?

Colonel IJAMS. Exactly. We are asking, Senator, to take the people who will be produced in this bill in their third year. Also, we have approached nursing schools in at least two localities and requested them to cooperate with us and let us have some of their nurses for training purposes in the part of the training that we can furnish, and I am glad to say that that is going to work out.

Senator BALL. I didn't get your figure on the number of beds that the veterans' hospitals are now operating and now have available in their operating facilities. It was in the first paragraph, I think, of the letter you read.

Colonel IJAMS. We have a total of hospital and domiciliary beds of 80,176, and construction to increase existing facilities to provide 1,379 beds is under way, and we have also authorized for additional beds, 2,419.

I might say that in those figures I have quoted only authorized beds. Naturally we are working on quite a large program in the Federal Board of Hospitalization, which has not yet been authorized, but I have no doubt will be authorized when it gets to the President.

Senator BALL. Do you anticipate that the Veterans' Administration, in the years ahead, will be able, in lieu of building new facilities, to take over some of the Army and Navy base hospitals? After the war is over, the casualties will gradually move from those base hospitals over to the Veterans' Administration, I should think.

Colonel IJAMS. Senator, the casualties are going to move before the war is over.

Senator BALL. Yes?

Colonel IJAMS. Months ago, in the Federal Board of Hospitalization, we passed a resolution, which was approved by the President, under which when a man is disabled he will go into his service hospital, Army or Navy. They will look the man over, diagnose his condition, and prognose him; and if he is curable, if he is what I would term a military asset, can be cured and sent back as a fighting man within a reasonable time, we do not enter the picture. If, however, that man is what I would term a military liability, if he has a condition requiring continued hospitalization for a long period of time, and can be of no earthly use in the war effort as a member of the armed forces, then the Army or Navy will discharge that man to our care, and they are the cases that are coming in to us very, very fast now.

When this war is over, the Veterans' Administration will acquire from the Army and Navy a large number of beds which they are now building and using in the war effort. The present law requires veterans to be maintained in fireproof construction. Many of these hospitals that the Army and Navy are putting up are to meet a temporary need, and they are in isolated communities because of the availability of open spaces for maneuvering of troops, and so forth, and they are of temporary construction. However, through the coordination of the Federal Board of Hospitalizatin, the Army and the Navy are now building more beds of a permanent nature than heretofore, with the object of turning them over after the war to the Veterans' Administration, so that the beds will not have to be built twice to take care of these men.

Senator BALL. That is the point I was getting at. It seems to me that that would be sensible. I know that the hospitals in most of these camps are very flimsy, of temporary construction.

Colonel IJAMS. You will find in the future that certain construction will be part temporary and part permanent, the idea being that we have figured that a certain number of those beds would be required by the Veterans' Administration after the war. They will be the ones that will be of permanent construction, and the temporary beds are the ones that will not be needed, in our opinion, after the war.

Senator BALL. I am glad to hear that. It seems to be a sensible way of planning it.

Senator TUNNELL. Thank you very much, Colonel.

Colonel IJAMS. Thank you, sir.

Senator TUNNELL. I understand Dr. Draper wanted to make an additional statement?

Dr. DRAPER. Mr. Chairman, I wanted to ask if it might be satisfactory to all who are interested if, instead of Veterans' Administration, as suggested by Colonel Ijams, we might say "other governmental or essential military services." I wouldn't like to exclude other agencies of the Government.

Senator TUNNELL. You understand that the number of Senators present here is a very small proportion of the committee, so any suggestion you have, if you will leave it with the reporter, we will be glad to go over it.

Dr. DRAPER. Thank you.

Senator TUNNELL. The next witness is Dr. George Baehr.

Just state your name and position for the record, please, Doctor.

STATEMENT OF DR. GEORGE BAEHR, CHIEF MEDICAL OFFICER, OFFICE OF CIVILIAN DEFENSE

Dr. BAEHR. Dr. George Baehr, chief medical officer in the Office of Civilian Defense.

Senator TUNNELL. All right.

Dr. BAEHR. The Office of Civilian Defense has long been concerned with the steady depletion of the nursing services of the country due to the war effort. In the summer of 1941 steps were taken to do something about it.

At that time, even before the rest of the country or even the hospitals of the country were fully aware of the future trend in nursing circles, the Office of Civilian Defense proposed to the American Red Cross the organization of a training program for volunteer nurses' aides. This has been carried on very successfully by the Red Cross in collaboration with the Medical Division of the Office of Civilian Defense, and throughout the country today there are 72,000 volunteer nurses's aides trained to assist in hospitals, and an additional 20,000 are in training.

This has been a source of considerable assistance to the hospitals, but it is far from adequate. The use of volunteers in this capacity, of course, is far from adequate.

The depletion of nursing services in civilian hospitals has been due not alone to the needs of the armed forces, but in very large part to the needs of the war industries.

(At this point Chairman Thomas returned to the room and assumed the chair.)

Dr. BAEHR. There are no figures available to indicate how many nurses have gone into the war industrial plants, but in one group of 60 industrial plants, making munitions, which were built by the Ordnance Department, there were, in the last year, 1,800 nurses employed for these 60 plants.

They are needed. I have looked into the matter as to whether they could be spared. They are used on each assembly line. They are needed because of the great hazards in the war industries, and it is the opinion of the medical officers in charge that they cannot be spared.

In many parts of the country the hospitals have given up their general duty nurses from wards to the armed forces, and to the war industries, so that in some parts of the country hospital wards have had to be closed.

Two days ago I was in Buffalo and inquired at the Buffalo General Hospital as to their nursing situation, and was informed that the general duty nurses in the wards of that hospital were now down to one-third of the previous figure.

In the city of New York, the municipal hospitals alone have 1,800 vacancies in war nurses which they have been unable to fill.

On the west coast we have had appeals to intervene with the representatives of the War Department in order to reduce the recruiting of nurses on the west coast, because of the nursing situation in civilian hospitals.

I bring this out in order to emphasize the fact that the supply of nurses for the Army and for the war industries and for the Veterans' Bureau and other governmental agencies, will become increasingly difficult to meet because the hospitals are forced, the civilian hospitals are forced today, because of the present deduction in general nursing services, to attempt to persuade nurses to remain, in order that the civilian hospital work should not suffer too severely.

Civilian hospitals in many parts of the country are being given over by their trustees, or offers are being made to give them over, to the Army, because they cannot maintain them much longer if the supply of nurses and other personnel should continue to fall.

In mental hospitals, the picture is really depressing. A large hospital for mental cases on Staten Island, built by the State of New York, has not been opened and has been taken over by the Army, because the State could not administer it in the present situation.

Several thousand beds, constructed at the Pilgrim Hospital on Long Island for mental cases, and urgently needed for these cases, have been given over to the Army because it was impossible to staff them.

And this is the situation in many parts of the country.

The Office of of Civilian Defense is severely concerned not alone with the fact that the present trend will make it increasingly difficult, unless something is done about it, to provide the armed forces and the other governmental agencies and war industries with nursing services, but that the protection of the civilian population is in serious jeopardy or will be in serious jeopardy if the supply of nurses in hospitals falls below the present figure.

We have given careful study to this bill, and it is our opinion that the provisions in the bill would go a long way toward correcting the deficiencies, and would do so promptly.

I should like to point out that if this bill were enacted, relief would come both to the armed forces and to the governmental agencies, as well as to the civilian hospitals, within a very short time, because those who have completed 2 years or more, or 30 months of service, of training rather, could be placed then in this group of cadet nurses, and as these cadet nurses increase, the third-year nurses increase in number, they are free to take over the duties of general duty nurses in the wards of hospitals.

As a result of that, the civilian hospitals will have less excuse for retaining even their present number of graduate nurses on ward duty,

but will require a sufficient number to supervise the activities of the cadet nurses. But these third-year cadet nurses would carry the load. And since the hospitals would be paying for the maintenance of these nurses outside of the training schools, outside of the nursing service dormitories, they would probably not need, would certainly not need all of them, and some of these cadet nurses would be available for service in governmental institutions such as the Veterans' Bureau and in military hospitals, station hospitals in this country.

The CHAIRMAN. Are there any questions?

Senator BALL. I am wondering, Doctor, if you have a tremendous expansion in the number of nursing schools, where you are going to get the staff of instructors to instruct them in the schools? I know in a number of communities the supply of doctors is extremely limited, they are terribly busy, and you need some doctors as instructors in nursing schools. Has any thought been given to that picture?

Dr. BAEHR. Well, we are faced with the same problem in the accelerated program for medical students. As you know, medical students are now being trained in 3 years instead of 4, they are given no vacations; and that instruction is given by a reduced teaching staff who just work twice as much as they previously did. And for the duration of the war, as long as they can carry on, they will do so; and the same thing must be done, will be done, in the training schools for nurses. There is no other way out.

Senator TUNNELL. There is a shortage in every line of activity, is there not?

Dr. BAEHR. There is a shortage in every line of activity, but in the nursing services it has become so critical, and the need for the future is so great, that unless we do something now we may be faced with a situation, and very likely will be faced with a situation, which will be extremely hazardous.

Senator TUNNELL. Medicine and nursing care does really have to be met.

Dr. BAEHR. Yes, sir.

The CHAIRMAN. Thank you very much, Doctor.

Dr. BAEHR. Thank you.

The CHAIRMAN. Maj. Julia C. Stimson, please.

STATEMENT OF MAJ. JULIA C. STIMSON, PRESIDENT OF THE AMERICAN NURSES' ASOCIATION, NEW YORK CITY, N. Y.

Major STIMSON. Julia C. Stimson, president of the American Nurses' Association; and for 18 years I was superintendent of the Army Nurses Corps, and was recently called back into active duty for 6 months, for recruiting duty. That is the reason for the uniform.

Mr. Chairman, Miss Sheahan has told you very clearly of the work of our nursing professions organized in the council, the National Nursing Council for War Service. I will speak for the American Nurses' Association, which was one of those groups and was really the initiator of the council more than 2 years ago.

The American Nurses' Association has for its aims in general the advancement of the professional and educational welfare of nurses, to assist in the proper and adequate care of patients, and moreover to cooperate in every way—may I go back just one moment—in the care

of patients and the prevention of disease, and to cooperate with our sisters in the nursing profession all over the world in carrying out all these measures.

Now the American Nurses' Association is a professional membership of graduate, registered nurses in the United States, with over 183,000 members, and with constituent State associations located in all the States in the United States, including the District of Columbia, Puerto Rico, and Hawaii.

The association has gone on record as offering its support and strength in any nursing activity in which the association can be of service to the country. But now we believe that global war has created unprecedented demands for qualified nurses for service with the armed forces and for industrial nursing positions. We believe that the needs of the armed forces, or we have demonstrated that the needs of the armed forces have rightly been given priority by the nursing profession, but at the cost of very grave depletion of nursing services for the civilian population.

We also feel that the most liberal use of voluntary and other auxiliary nursing personnel, of which you have heard, cannot balance the loss of qualified nurses.

So the American Nurses' Association, recognizing its grave responsibility for providing adequate nursing care wherever needed, has used its utmost, has taken the maximum use of all of its resources, including its publication—and may I pause for a moment to state that our publications are the American Journal of Nursing, with a subscription list of nearly 71,000, and a Nursing Information Bulletin, which is issued monthly now, with a circulation of from 12,000 to 20,000. So that we are using all our facilities to secure the cooperation of nurses and laymen all over the United States, in all that we, as an association, are doing.

We have used all our facilities, and are continuing to do so, in support of a comprehensive utilization of the existing nursepower; the sum-total of all our efforts to meet both the military and civil demands for nursing we feel is still inadequate and there is urgent need for the enrollment of larger numbers of students in schools of nursing, since such students, under supervision, supply us full nursing service, and when graduated will contribute to essential national and international health programs.

For these reasons, the American Nurses' Association goes on record as approving in principle this bill.

Now there is one argument—you have heard many arguments this morning, and I am going to be very brief—but there is one argument that hasn't been brought forth that seems important.

The Government has found it important to provide for essential services, both now and after the war, in making provision for the training in colleges of many thousands of young men in the premedical, predental schools, also for veterinary doctors, and they are given both basic and advanced courses. And it is also providing education for engineers, who are needed now and will be needed after the war.

We feel that that is a precedent which should be followed in the case of this essential service, professional service, the need of nurses,

and that Government help should be afforded for the absolute need at the present time, and the need that will occur after the war.

Now you have asked a number of questions about needs, and I know that that interests you, and you may be interested just to hear a telegram that we received yesterday from the Nurse Placement Service of the midwest division, which is in Chicago, which is really a placement service, which we manage entirely by the professional service, in which the American Nurses' Association is very much interested and have cooperated with for many, many years. This service reports this:

Reporting shortages of nurses indicated by statistical comparison of 1942 with 1940 that there are 70 percent fewer available nurses to fill positions. Nineteen hundred and forty was the peak year for registrants in the history of the service. Also 100-percent increase in vacant positions in 1942 as compared with 1938 and 20-percent increase in 1942 over 1940, making a gap in 1942 between available jobs and available nurses of 120 percent. Figures for the first 3 months of 1943 (this year) show a 20-percent increase in jobs over the same period (that is, opportunities for nurses) in 1942 and a 30-percent decrease in applicants, 95 percent of whom are in present positions and wanting to change. The urgent need for nurses for all levels of positions is shown constantly, especially staff nurses. This tragic need in rural hospitals and rural public health agencies, also hospitals in industrial centers. These figures represent the country as a whole as the nurse placement service functions nationally under our professional auspices.

I think there is nothing more I can add to what Miss Sheahan has so ably presented to you.

The CHAIRMAN. Thank you very much.

Major STIMSON. Thank you, Mr. Chairman.

The CHAIRMAN. Mr. Dent, please.

STATEMENT OF A. W. DENT, PRESIDENT, DILLARD UNIVERSITY, NEW ORLEANS, LA.

Mr. DENT. I am A. W. Dent, president, Dillard University, New Orleans; President of the National Student Health Association, which is an organization of the student health workers in the Negro colleges of the United States.

I might also say that for 10 years prior to becoming a university president, I served as superintendent of Flint Goodridge Hospital in New Orleans, and for 6 years was chairman of the National Conference of Hospital Administrators, which is an organization of administrators of the Negro hospitals in the United States, approved by the American College of Surgeons.

I want to say that I, and members of these organizations which I have referred to, endorse thoroughly in principle the bill.

We should like to call attention to the need for Negro nurses, and something of the problem involved. At the present time there are approximately only 700 Negro student nurses in the United States. The statement has been made here this morning that there are approximately 70,000 student nurses in the country. Seven hundred Negro students would indicate that only 1 percent of these student nurses are Negroes, where in our total population Negroes represent about 10 percent, and in the Southern States the percentage varies from about 50 percent in Mississippi to approximately 25 percent in a State like North Carolina.

In my own area, the area surrounding New Orleans, where I am now working, Mississippi, Louisiana, Texas, Oklahoma, and Arkansas, there are approximately 3½ million Negroes, according to the 1940 census. In this entire area there is only one school of nursing for Negroes which can now meet the accrediting requirements. That school is at Dillard University. We started it only last September with assistance of Federal funds.

There is only one other school in the area, and that is in Texas, a school operated in the State School for Negroes in Texas, but which does not meet the requirements for State accrediting.

There are some hospitals in the area and some schools which could conduct good nursing schools if they were stimulated, possibly, through making Federal funds available to them to assist in the cost of operating these schools.

I speak of this particular area because I know it best, but the problem is approximately the same throughout the country.

I would like to speak of the need for nurses in the post-war world, Negro nurses particularly, in addition to the obvious need for them at the present moment.

About 65 percent of the Negro babies born in the entire United States are delivered without the presence of a doctor. There is some feeling that postgraduate courses for nurses in midwifery might be developed for the purpose of improving this condition until such time as there are sufficient numbers of physicians to serve the needs.

The demand for Negro public-health nurses has been much greater than could be supplied for at least 10 years in almost the entire country, and the need has been very acute in the Southern States where there is a large Negro population.

Furthermore, our recognition of the need for the development of greater food crops in the post-war world is going to cause us to become more concerned about the rural areas, where our health problems are worse, and more health workers, including nurses, will be needed for these areas during the post-war period.

I spoke of my connection with the National Student Health Association. We are very much concerned about the lack of health education in our colleges. Well-trained nurses are needed, and they could be very helpful in preventing illness, in preventing disease, if we had well-qualified teachers in our colleges and schools throughout the country.

The last thing which I should like to mention is the need for maintaining an adequate nursing staff in our civilian hospitals, and in our Government hospitals. The veterans' facilities which have been referred to here today, which are in some areas of the country segregated as to race, use Negro nurses; and the ability to supply nurses for these hospitals is seriously lacking now, probably more acute than it is in other areas of the population. This condition will continue to increase, and I believe that the provisions of this bill will enable us to recruit more students in nursing in order to meet these needs now, the present needs, and to prepare to meet the needs which will confront us in the post-war era.

The CHAIRMAN. Thank you.

Mr. DENT. Thank you, sir.

The CHAIRMAN. The Reverend John Martin, please.

STATEMENT OF REV. JOHN G. MARTIN, SUPERINTENDENT OF THE HOSPITAL OF ST. BARNABAS, NEWARK, N. J.; PRESIDENT-ELECT OF THE AMERICAN PROTESTANT HOSPITAL ASSOCIATION

The CHAIRMAN. For the record, will you state your name, please?

Dr. MARTIN. Rev. John G. Martin, superintendent of the Hospital of St. Barnabas, Newark, N. J., and president-elect of the American Protestant Hospital Association.

The CHAIRMAN. Proceed, Dr. Martin.

Dr. MARTIN. I do not wish to repeat many of the arguments that have been presented, Mr. Chairman. I would like to present, however, a resolution that was adopted by the officers and trustees of the American Protestant Hospital Association:

Whereas there is a critical shortage of nursing service in military, other Government, and civilian hospitals and health agencies, which shortage is rapidly being aggravated by the increasing competition for womanpower by the armed services and industry, thus threatening a collapse of nursing care for the civilian population, and

Whereas the health and medical committee of the Office of Defense, Health and Welfare Services has formally endorsed a plan to establish a student War Nurse Reserve in the Public Health Service: Now, therefore, be it

Resolved, That the officers and trustees of the American Protestant Hospital Association go on record as favoring the Student War Nurse Reserve as the most adequate means of combating the serious shortage of nurses; and be it further

Resolved, That the support of our association be given to Senate bill No. 983: Be it further

Resolved, That Rev. John G. Martin, president-elect of our association, be appointed to appear before the Senate Committee on Education and Labor and endorse Senate bill No. 983 on our behalf.

Hospitals throughout the country have found themselves in the position of having an increased business. An increased number of patients go to hospitals for various reasons—first, the general prosperity is enabling more people to attend to their ills than was so previously. Then there is a great increase in industrial accidents because of the speed-up of industry. Third, there is the increase in maternity work, more babies are brought into the world, and more and more of them are being born in hospitals.

Then again, the hospital insurance plans that have been developed within the last decade, the Blue Cross plans which are very successful, have increased the work of hospitals.

These and other reasons have made it imperative that hospitals give adequate nursing care, and yet they are handicapped——

The CHAIRMAN (interposing). May I break in and ask you one question? Is the prejudice against those organizations breaking down gradually throughout the country?

Dr. MARTIN. I don't think there is any prejudice against them. You mean against the hospital associations?

The CHAIRMAN. No; against the joint associations for hospital service. We have cases here in Washington in the courts trying to break them up.

Dr. MARTIN. Yes; I think that has been an exception to the rule, however. In general the work of the hospital insurance plans has increased tremendously, so that there are now something over 10,000,000 people insured throughout the country, in a plan that is not more than about 10 years old.

The CHAIRMAN. Then the prejudice is breaking down.

Dr. MARTIN. Yes, if there has been a prejudice it is breaking down; yes, sir.

There is competition, of course, for students, as has been brought out, which I will not go into. The larger pay of industry has a bearing on it, and young women have a financial aspect to their work as well as the desire to help in the war work.

The hospitals are sending their nurses into the war service, and that leads to a shortage of nurses. Moreover, the nurses are gradually taking on more heavy responsibilities that formerly were the responsibilities of the medical services, the interns, and so on.

These are some of the difficulties that the hospitals are facing, and we feel that this bill will enable the hospitals to face these responsibilities and difficulties, and help to solve them.

The need for financial aid is apparent, and the fact that since the enrollment programs have been installed during the last several months and help has been secured from the Government, we have an indication of a speed-up and an increase in the enrollment of student nurses, we feel is an indication of what will happen with this bill. This will further speed up the enrollment of nurses.

For these reasons, our association is heartily in favor of this bill, and would like to endorse it.

The CHAIRMAN. Thank you, Doctor.

Dr. MARTIN. Thank you, Senator.

The CHAIRMAN. Mr. Eugene Butler, please.

Is Mr. Butler present? (No response.)

Miss Isabel Stewart, please.

STATEMENT OF MISS ISABEL STEWART, DIRECTOR OF THE DIVISION OF NURSING EDUCATION, TEACHERS COLLEGE, COLUMBIA UNIVERSITY

The CHAIRMAN. Please state your name and connection for the record, Miss Stewart?

Miss STEWART. Isabel M. Stewart, director of the division of nursing education, teachers college, Columbia University.

I have been asked to say a word about the need for an increased faculty to train these nurses, and I would just like to say that I think everybody agrees that we do need more nurses; and that this means that we must have more in training; and this means that nursing schools must be expanded to take care of this added load; and that again means that as we expand nursing schools we must increase the training personnel. And that group of personnel that we need for the training of nurses is already very low.

We have never had anything like enough in that group, and with the increased load that is one of the places where the great shortage is being felt.

If we are going to prepare this added group of nurses, we must have a greatly increased group of training personnel, and we can't wait for those young women to voluntarily go and get the additional training they need, we have got to help them to get that training just as we have got to help in preparing the personnel for the training of the soldier and of all the other people who are needed in the war effort.

I think this will be quite obvious to anybody who has had to deal with the need for personnel in industry or in military affairs, in the armed services, or in any other field of work.

I would like to just simply say a word about the size of the job. We had—and may I say that I think these are the last figures, and I happen to have them at hand so that I can give them to you—in the first place, we had in 1940, 85,000, roughly, students in schools of nursing. I think that some of the figures which have been given to you previously have confused a little the admissions and the actual number of students in training, but in 1940 we had 85,000 in training.

In 1943 we had 100,000. That is, we have increased by 18 percent since 1940, the number of students in nursing schools.

We expect in 1944, if our plans go through, to add to this 100,000 students in training, 10,000 more. So that we would expect, in 1944, to have at least 110,000 students in nursing schools.

Now in order to prepare these young women we have—and if you would like to have the figures for admissions, that is a different figure, again—we had in 1939, just before the war, before we started our inventory—I will give you 1940, we had 38,000 students being admitted that year, in 1940. We now have, this last year, 47,500 students being admitted. That means new students who are to be prepared, who are just coming right into nursing schools.

I can give you these figures if you want them.

The thing is, then, that we do have a big job, and we know that we will have to increase substantially the number of people that are going to train these nurses.

Now we have had approximately 25,000 of such people. They range from head nurses, supervisors, to instructors who give their entire time to teaching, and those who direct these nursing schools.

We can increase our nursing schools, expand our schools, only to the extent that we can expand our training personnel, and it is very difficult because many of these young women are of the age when they can go into military service, and a good many of them have gone already into military service, and we can't keep them from going into military service.

Of course, there are other sources of depletion, as have been mentioned. Moreover, they carry a much heavier load than they have ever carried before. I don't know any group in the nursing profession that is at the present time carrying a heavier load than is this group, because they have extra patients, they have extra students, these students are coming in. Instead of having one class a year, they are now putting in two, three, or four classes in some places, that is, having new students coming in in successive groups.

There are other workers in the institution that have to be taught, all these auxiliaries, these aides, have to be taught; all of these women who are coming in for refresher courses have to be taught, and supervised.

So there is that extra load.

Moreover, there are fewer doctors, and the doctors have always shared in the teaching, and we are finding it extremely difficult now to get enough teaching by the doctors, so that the nurses are again having to take over a good deal of that teaching.

In addition to all of this, we are being asked to accelerate the programs, and the schools are making a great effort to do that; they are

carrying not only heavier loads, but carrying them through more rapidly.

All of this means, then, a tremendous burden on those who are responsible for the training.

Now the schools are doing their best. They are working overtime, they are carrying much heavier loads of teaching than they have ever done, and they are still short, and they say—we have had a recent inquiry, it has gone out to all the 1,300 schools in the country—and 1,000 of those schools replied to the questionnaire. And of the thousand schools that were asked whether they could take in more students, and what their main difficulties were in relation to taking in more students, one-third of them said that they were short of supervisors and head nurses; and one-fifth of them said that they were short of instructors. That means a rather serious shortage.

Now then, if this shortage cannot be relieved, then our whole scheme breaks down. I mean, we can go only so far as we can supply the people who are training these young women. It breaks down in that we will have a poorer product to begin with; it breaks down in that we simply cannot take in more students than we can train, and so it is very necessary to have Federal aid to make it possible to increase the supply of instructors and of the training personnel.

Now so far as the money that has been given by the Government to help nursing schools, those sums that have been given have aided substantially in the training of more of these workers for the training of the rest of the students. In this country we have 20 or more centers where such young women can be prepared for advanced work in teaching and supervision, and so forth, in nursing schools, and most of those schools have had scholarships, have been able to offer scholarships to deserving students who are willing to pledge themselves that they will remain in service, that when they have had this extra training they will be able to give their service definitely in these fields of work.

I may say that I can't give you the exact amount that has been spent on this, but I do know, as director of one of the schools—and probably the one that has the largest number of students in the country—we have about 600 young nurses who are in preparation for just such positions—I can say that it has been a big help. In other words, whereas other divisions of the college have slumped, particularly during this war period, it has been possible—our group has been maintained, and the reason why it has been maintained is that scholarships were available, and these scholarships have helped particularly the young nurses who could not otherwise—I mean who haven't saved enough to take the preparation themselves, and a number of part-time students who could afford to come to college only if they were earning at the same time. It has been possible to help some of those to drop their jobs, and to come in and get their preparation and then to be available for full-time positions later.

I simply want to say, in addition to that we have had some special projects in the country as a whole, for instance in the preparation of head nurses, the junior executives in nursing schools who teach and supervise students, and we have the assurance of the hospitals that that plan, which is part-time work in the hospital and part-time study in the college, has not only helped to increase the number of teachers

and training personnel, but has been an actual help to the hospitals during this period.

I might say that the delay, I mean the fact that we have not any assurance at the present time, any positive assurance of scholarship assistance for this summer and for next year, has been a matter of great anxiety to many schools and to many young women who want to come in and get such training.

We thus have inquiries every day asking us, "Is it going to be possible for us to get some scholarship aid this summer, because if we do not get it, we don't see any way by which we can come and get ready for these positions."

So if such aid is not available, I think there is going to be a definite slump in the number of students, young nurses who are coming in to be prepared for training others. And that will be felt at once in the summer session, and it will be felt in the fall session.

The schools are waiting anxiously to know whether they can send us some of their promising younger people, and I think I may just simply say that they know that they simply cannot swing the extra load of nurse production that the country expects them to carry unless they are going to have some such scholarship aid as will be provided in this bill.

The CHAIRMAN. Thank you very much, Miss Stewart.

Miss STEWART. Thank you.

The CHAIRMAN. Mrs. Stauphers, please.

STATEMENT OF MRS. MABEL KEATON STAUPHERS, EXECUTIVE SECRETARY OF THE NATIONAL ASSOCIATION FOR COLORED GRADUATE NURSES

Mrs. STAUPHERS. Mabel Keaton Stauphers, executive secretary, National Association for Colored Graduate Nurses, an organization of professional registered Negro nurses, many of whom are members of the American Nurses' Association, the National Organization for Public Health Nursing, and the National League of Nursing Education.

Our association is a member of the National Nursing Council for War Service, and we endorse in principle what Miss Sheahan has said and what Miss Stimson has said.

Mr. Dent failed to tell you that he was a member of the advisory council of our national association, and in order to expedite time I would like to endorse his statements regarding the need for more opportunities for education, especially in that area.

I would like to bring to you some other situations which would indicate that a bill of this type is needed at this time.

Our office is at this time being swamped with calls for Negro nurses, not only to Negro hospitals but to some of the largest hospitals in this country in the North, the Middle West, the Far West, and the Northeast. For that reason, there is a definite need for more educational opportunities for Negro nurses, and this bill would help those opportunities.

The CHAIRMAN. That statement, Mrs. Stauphers, means that the Negro nurses are working in what may be termed white hospitals?

Mrs. STAUPHERS. Yes. In New York City we have about 1,250 Negro nurses serving on an interracial basis in the city hospitals, and in the public health agencies, too, of this country.

For instance, the Henry Street Visiting Nurse Service integrates its nurses into all of its services.

And also, although we feel that at this time we are limited in our service for the United States Army, we are only being called on to serve and are serving in four Army camps at this time, we know there will be a need for us; we have that feeling about it, and we want to be ready.

We are being used in the veterans' facilities, and we can again not fill the need. Only yesterday a call came to us from the Japanese Relocation Centers, for nurses, and we would have to borrow those nurses.

Now another point that I would like to bring out is that the sponsors of the bill have not at this moment, perhaps, thought of any safeguards for minorities in the bill, especially the Negro. We are not unmindful of the very fine administration which the present United States Surgeon General's office has given in relation to Negro schools, but we feel that some safeguards in this bill would strengthen his administration and would help future administrations.

We endorse the bill in principle, and we do hope that a consideration will be given to safeguards to minorities.

The CHAIRMAN. Thank you.

Mrs. STAUPHERS. Thank you, Mr. Chairman.

The CHAIRMAN. The hearing will stand in recess until tomorrow morning at 10 o'clock.

Mr. BROWN. Mr. Chairman, I am preparing a statement which I would like to submit to the committee with respect to this bill.

The CHAIRMAN. We will be glad to receive it, Mr. Brown.

(Whereupon, at 12:20 p. m., the committee recessed until 10 a. m., Friday, May 7, 1943.)

TRAINING OF NURSES

FRIDAY, MAY 7, 1943

UNITED STATES SENATE,
COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The committee met, pursuant to recess, at 10 a. m., in room 457, Senate Office Building, Senator Elbert D. Thomas (chairman) presiding.

Present: Senators Thomas (chairman), Murray, Ellender, Tunnell, Eastland, Ball, and Hawkes.

Also present: Representative Frances P. Bolton.

The CHAIRMAN. The hearing will be in order.

Dr. PARRAN, please.

STATEMENT OF DR. THOMAS PARRAN, SURGEON GENERAL, PUBLIC HEALTH SERVICE

The CHAIRMAN. Dr. Parran, we would appreciate a statement from you about the bill, for our record.

Dr. PARRAN. Mr. Chairman, I appear in support of S. 983, to provide for the training of nurses. This bill has been drafted after much care and after extended consultation with the nurse-training institutions of the country and their associations, with the hospital groups in the country. In fact, I should like to say for the record that there has been the closest possible cooperation between the Public Health Service and the professional groups who are concerned equally with us in connection with this important problem.

During the past 2 years the nurse-training institutions have done a magnificent work in trying to expand their training programs so as to supply the urgent needs of the military forces and the civil population with registered nurses.

The Public Health Service has been aiding in the training of nurses. The current appropriation for that purpose is now being expended, amounting to some 3½ million dollars.

This present program, however, is based on the incentive principle; that is, we have compensated training schools in part for the cost of training the additional nurses over and above the number which they had admitted pre-war. With the increasing competition for woman-power, we are confident that the current program will not produce the number of nurses needed for military and civilian purposes.

I believe that yesterday you had testimony from my first assistant, Dr. Draper, concerning the bill. I merely wanted to appear and make this brief statement, and should be glad to answer any questions which the committee may have to ask.

Senator TUNNELL. Doctor, there was some suggestion yesterday that possibly one of the effects, if not one of the objects of this bill, might be to relieve the hospitals of their present expenditures along the line of training. Do you think that it either has that purpose or that effect, or would have?

Dr. PARRAN. It certainly has not that purpose, and in my opinion does not have that effect. As the plans have been drafted, with the cooperation of the hospitals of the country, they have shown every willingness to bear their part of the cost.

The major costs incident to the carrying out of the provisions of this bill will be in paying the tuition of girls who wish to study nursing, which tuition heretofore has been paid by these girls themselves. Also, this bill will pay a small amount each month to the nurses who desire to enroll and thereby make their services available for war service during this emergency.

As we have estimated the break-down of costs, it appears that the training schools and hospitals will be paying about as much on behalf of the training of each nurse as will the Federal Government.

Senator TUNNELL. And that whatever is obtained by this bill or through this bill, according to your theory, would be more largely used for the additional nurses than for the present training program?

Dr. PARRAN. That is the purpose, and the purpose also is to relieve the prospective student nurse from much of the cost which she now bears. That seems necessary, because war industries are offering positions to girls and are paying them from the time they start training. The same is true of the uniformed auxiliaries of the military services.

This program will cost between $60,000,000 and $70,000,000, depending upon the number of students who will agree to continue in nursing work for the duration of the present war and 6 months thereafter. A little less than one-half the amount will probably be spent for stipends to individual students; about one-quarter will be used to pay for tuitions, other fees, and uniforms, which heretofore have been paid by the students themselves; the remainder will cover maintenance for the students during the preliminary training period when students are not contributing nursing service to the hospitals.

I should like to emphasize that under the terms of the pending measure neither the nursing school nor the hospital will benefit unduly from Federal aid. The largest part of the expenditure is for the purpose of paying stipends, tuition, and other fees heretofore paid by the students, with the remainder utilized to provide maintenance only during the first 9 months of the course.

In return for this the nursing school will accelerate its program by condensing the required instruction into a total of 24 or 30 months instead of the usual full 3-year period.

In the table which I will submit herewith there is a break-down of the amount it is proposed that the Government will spend and the amount which it is estimated the school or hospital will expend on behalf of the nurses training. It should be emphasized that the military services, other governmental medical agencies, and civilian hospitals will have a call on the services of the students in the proposed student war nursing reserve during the last 12 or 6 months of their training prior to graduation. By calling out these students from the

home hospital that hospital is completely deprived of their services at their most efficient period.

In a 24 months' accelerated program, for example, it appears that the hospital and nursing school will expend on behalf of each nurse $1,940. If these students are withdrawn in the senior year for military and other services, for example, the hospital will have only 15 months of part-time service of such students, for which they will be paying about $65 per month. In fact, in making an estimate of from $1,200 to $1,300 per nurse trained, many of us have felt that we were squeezing the hospital and the nurse-training school too hard.

(The table referred to by Dr. Parran is as follows:)

EXHIBIT D.—*Estimated cost of preparation of 10 student nurses, by years*

	Total			Total	
	Public Health Service	School or hospital		Public Health Service	School or hospital
24-month curriculum:			30-month curriculum:		
Maintenance at $45 per month (Public Health Service first 9 months)	$40,500	$121,500	Maintenance at $45 per month (Public Health Service first 9 months)	$40,500	$121,500
Instructional costs	25,000		Instructional costs	20,000	
Clinical supervision		21,500	Clinical supervision		21,500
Uniforms, books, etc	14,000		Uniforms, books, etc	9,000	5,000
Clerical services, etc		4,900	Clerical services, etc		4,900
Classroom facilities		10,000	Classroom facilities		10,000
Stipends to students	43,500	36,000	Stipends to students	55,500	18,000
Total	123,000	193,900	Total	125,000	180,900

The CHAIRMAN. Thank you, Dr. Parran.

I should say this, that the committee has had Dr. Parran with us in executive session on this bill, so that we have been pretty well informed about the provisions from Dr. Parran.

Miss Stella Goostray, please.

STATEMENT OF MISS STELLA GOOSTRAY, PRESIDENT, NATIONAL LEAGUE OF NURSING EDUCATION, CHAIRMAN, NATIONAL NURSING COUNCIL FOR WAR SERVICE, SUPERINTENDENT OF NURSES, CHILDREN'S HOSPITAL, BOSTON

The CHAIRMAN. For the record, will you state your name and your address and official position?

Miss GOOSTRAY. Stella Goostray, president of the National League of Nursing Education, and chairman of the National Nursing Council for War Service, and superintendent of nurses at the Children's Hospital, Boston.

The CHAIRMAN. You may be seated if it is more comfortable.

Miss GOOSTRAY. The National League of Nursing Education is a membership organization composed of the nurses who are engaged in various forms of advisory and executive and teaching positions in schools of nursing, in public health agencies, and in the Government nursing services; and its chief concern is the preparation of nurses for the various branches of nursing, and in the promotion of better nursing service to the public.

Last fall the board of directors of this league, realizing the unprecedented demand for graduate nurses, both for the military and civilian services, recommended to its membership and to the 1,300 accredited schools of nursing in the country that they should give immediate consideration to making adjustments in their educational programs. Now we could not accelerate our courses, as have the colleges and medical schools, because we have had no long vacations during the summer which we could take advantage of, but we believe that the course could be so adjusted that the essential services and the educational program could be completed in 30 months.

So that the league started on that work in the fall, and I am very glad to say that many schools have made a start toward getting their courses accelerated.

In finding out what was being done in the schools, we found that there were several difficulties in the way of this acceleration, one of them being the lack of teachers, housing facilities, and clinical facilities.

Now, we believe that this new bill will, if the plan is followed, help us in getting teachers and in finding more clinical facilities.

I have a resolution from the National League of Nursing Education, board of directors, asking to go on record as approving the bill S. 983 in principle. I shall be glad to read it, if you wish.

The CHAIRMAN. The resolution can be printed in the record. It is much like the other resolutions, is it not?

Miss GOOSTRAY. Yes; it is.

(The resolution of the National League of Nursing Education is as follows:)

NATIONAL LEAGUE OF NURSING EDUCATION,
1790 Broadway, New York, N. Y.

Whereas the National League of Nursing Education recognized that conditions are unusual because of the war; and

Whereas more students are needed in schools of nursing to meet the military and civilian demands; and

Whereas the National League of Nursing Education recognizes that many opportunities have been opened to high-school and college graduates to aid the war effort, thus creating competition; and

Whereas many desirable applicants may lack funds to finance the course in nursing and for that reason are diverted to other fields; and

Whereas the National League of Nursing Education believes that everything should be done to increase the number of desirable applicants for schools of nursing; and

Whereas the National League of Nursing Education is of the opinion that the course should be adjusted wherever State laws permit so that basic preparation may be accelerated in order to free students for service during the last 6 months. Therefore, be it

Resolved, That the board of directors of the National League of Nursing Education go on record as approving bill S. 983 in principle.

MAY 3, 1943.

Miss GOOSTRAY. There are approximately 1,300 schools of nursing in the United States meeting the minimum requirements set by law in the State in which they are located, which makes their graduates eligible to be licensed as registered nurses. In these schools of nursing on January 1, 1943, there were approximately 100,000 students. The great majority of these schools of nursing are operated by nonprofit hospital organizations. Approximately 80 schools of nursing are collegiate schools. They are established as constituent parts of a college or university or maintain educational and organizational rela-

tionships with such institutions. All of these university schools must also have educational or organizational relationships with one or more hospitals for the clinical experience portion of their program.

In increasing numbers schools of nursing have eliminated the payment of stipends and are charging tuition fees. The latest professional study made in 1939 showed that approximately one half of the schools charged tuition.[1] The average tuition in a hospital school is $75 for the total 3-year program which does not meet the cost of instruction. Larger tuition fees are paid by students in university schools of nursing. In addition, there are fees for books, uniforms, special student activities, and for the use of the laboratories.

The hospital provides the student with food, room, and laundry without charge, in return for the service she renders in the process of learning nursing. In hospital schools of nursing of good grade the student spends very little time on the wards of the hospital during at least the first 6 months. She may have supervised practice periods during that time but no hospital could depend for any appreciable part of the nursing care of its patients on these students. As the student goes on in her course she spends an increasingly larger part of her time on the hospital wards. She may, however, be sent away from the particular hospital in order to broaden her professional experience as all hospitals do not provide for care of all types of patients, such as maternity patients, the care of children, the care of psychiatric patients, etc.

Whether a hospital profits financially by the presence of a school of nursing has been debated for many years. Studies have been made on the annual cost per student to the hospital which shows that the annual costs range from $459 to $1,285.[2] One of the difficulties in getting accurate figures is that hospitals in their accounting systems do not always separate the cost of nursing education from nursing service, and do not determine and assign a monetary value to the services of the student. Whether the present system of economics in relation to nursing education can be justified may be disputed, but the plan proposed under the terms of bill S. 983 will place upon hospitals charges which they do not now have, extra classes will have to be admitted, teaching costs will be increased for that reason, and the accelerated program will further decrease service to the hospital during the period of the student training. It is also to be noted that the hospital which has assumed the cost of the student's education may not have her services at the time when she is most valuable to the institution since she may be transferred to another institution or to the military service. The payment of a stipend to students in the last 6 months or year, as the case may be, will in many instances cause the hospital to revert to a practice which has not been in effect since before the last war. The last professional study made in 1939 showed that approximately a third of the hospitals paid student stipends, the average stipend paid being $8 monthly.[3] This may not be interpreted that a third of all student nurses received stipends. Many of the

[1] Facts About Nursing, p. 20, The Nursing Information Bureau of the American Nurses Association, New York

[2] Administrative Cost Analyses for Nursing Service and Nursing Education, p. 3, Pfefferkorn and Rovetta, published by American Hospital Association, National League for Nursing Education, 1940.

[3] Facts About Nursing, p. 20, The Nursing Information Bureau of the American Nurses Association, New York.

institutions which pay stipends graduate small numbers of nurses. Government supported institutions are more likely to pay stipends than the voluntary organizations.

It is true that the hospitals need more student nurses. The number of graduate nurses which supplement their student nurses has been greatly reduced and will be still further reduced. But in addition the schools of nursing must undertake the responsibility of maintaining a supply of graduate nurses to be available for the military and civilian needs of the country. We must frankly admit that if we are to meet the minimum needs for nursing service in this country we must find a plan which will attract more young women to nursing than would normally come into our schools. The number of young women admitted to our schools of nursing in 1935 was 30,000; by 1938 it had increased to 35,000, and in 1942 it was approximately 49,000. We wanted 55,000 and we estimate that the minimum number that we should admit during the year beginning July 1 is 65,000. All young women who come into our schools of nursing will not wish to be enrolled in this plan and some will continue to pay their own expenses and the hospital school of nursing will assume the cost of their nursing education in return for the service which they render, which will not be on an equal basis in every institution. We believe, however, that there are young women who cannot pay any of the costs involved and who must have some help toward their personal expenses. The pressure of the demand for the essential service of nurses seems to justify asking the Government to share with the hospitals in meeting these demands and to assume financial responsibility in this emergency for students of nursing just as they are for students of medicine, dentistry, pharmacy, and so forth, who under normal conditions pay for their own education.

AMENDMENT TO SENATE BILL S. 983 [1]

This Act shall cease to be ineffect upon the date of the termination of hostilities in the present war as determined by the President, or upon such earlier date as the Congress by concurrent resolution or the President may designate, except for purposes of (a) making computations, payments, and adjustments in payments with respect to recruitment, training, and courses prior to such date, and (b) making computations, payments, and adjustments in payments so as to permit continuance, after such date, of training and courses by graduate or student nurses who were receiving training or courses ninety days prior to such date.

The CHAIRMAN. Are there any questions? (No response.)

Thank you very much.

Miss GOOSTRAY. Thank you, Senator.

The CHAIRMAN. Mrs. Tydings, please.

STATEMENT OF MRS. ELEANOR DAVIES TYDINGS, VOLUNTEER RED CROSS AIDE

The CHAIRMAN. Mrs. Tydings, be seated, please, and for the record will you state your name and what you are doing, and why you have come to testify on this bill?

Mrs. TYDINGS. Eleanor Davies Tydings. I am a volunteer Red Cross aide, and I have come because I think there is a crying need for more nurses. In fact, I know there is a crying need for more nurses.

[1] This amendment is filed at the suggestion and with the full approval of Surgeon General Parran.

We of the volunteer Red Cross aides are trained for only 3½ weeks, 4 hours a day training, and that does not qualify us to give medication or hypodermics or any of the things that the nurses do. We really are the workers that do the little jobs and make beds and try to help out as much as we can with the actual physical labor, which isn't so important as the medication, and so forth.

I believe the Red Cross has done a wonderful job training young women to do this sort of work, but there is a constant drain upon the nurses, and it is the nurses that we must have, particularly if this war is going to go on for any length of time; and we are going to have enormous numbers of men who are going to be wounded and who are going to need nurses.

One of the heads of the nurses training at Garfield Hospital tells me that out of 39 graduating last year in the class that she taught, there are only 12 left in the hospital, and some of them are leaving. Well, that is an enormous drain on the civilian hospitals, and the civilian hospitals are suffering today for a lack of trained nurses.

For example, in a ward with 26 patients in private rooms, not in the big ward, but in private rooms, there will be only one nurse from 11 to 7 every day for 26 patients. Well, it is physically impossible for one nurse to take care of 26 patients, even though she may have one Red Cross nurse's aide to help her. You just run your legs off; I know that. I have been going every day to Garfield Hospital and working in the open wards, where there are any number from 18 to 20 patients, average, in the ward, and there will be one nurse there and sometimes two nurses but usually only one. There will be two Red Cross volunteer aides and there will be one paid aide. And we are just running our legs off; we can't get from one patient to the other. And these patients are paying, mind you, $5 a day for their beds, and they are not getting the sort of service that they ought to get for that. That is a lot of money for people to pay to go to a hospital, and they are not getting the proper bedding; they are not getting—we can't get enough sheets, and what sheets we have are in dreadful condition. The hospitals in Washington—will you stop me when I have worn you out, because I could go on indefinitely.

Of course, the major need is for nurses. That is what you are going to have to have.

Now, talk about manpower needs, you are going to need some womanpower, too, in these hospitals when you get all these wounded, not to mention the civilian sick, who are going to be neglected even greater than they are now, because, as Miss Wilson at Garfield said to me, we can just barely manage to stagger along now with the help we have got, and what we are afraid of is that it is getting worse and worse, and we will have less and less. That means that people are going to be suffering in agony, and there isn't going to be anybody to bring them a glass of water when they are dying for a glass of water; there isn't going to be anybody to come and help them when they need a hypodermic, because the one nurse, or the half a nurse, is just not going to be able to get around to all those patients.

I don't know what the situation is in the Army hospitals, but certainly any war is going to bring about a great many more people needing the care of nurses.

Senator TUNNELL. As a matter of curiosity, Mrs. Tydings, how many hours do those people, the nurses who are attempting to handle 26 beds, how many hours do they keep that up?

Mrs. TYDINGS. I am not absolutely positive about that; I am rather new at Garfield; I have only worked there 3 weeks; I have worked there every day for 3 weeks; I mean 5 days a week. But I think those nurses—some of them work longer hours than others—I believe that all night long in ward H the other night, with 15 patients, there was only one nurse.

Senator TUNNELL. For the whole night?

Mrs. TYDINGS. That is what I understand, sir, but I am not absolutely positive about that. I am not an expert on Garfield.

Senator TUNNELL. That is pretty important. It seems to me that you are right; that it is absolutely impossible for them to do that work and keep it up for a long time.

Mrs. TYDINGS. It is going to be even worse, you see, with the additional draw of nurses from the hospitals, the civilian hospitals. They are all flocking into the Army and Navy Nursing Corps. Naturally, I would want to do that, too, if I were a nurse. But the dreadful part is that whereas many young girls used to elect nursing as a profession, and go and study for a long period of time as student nurses before they graduated to the point where they could make money and support themselves, nowadays they can get so many jobs, in fact they are crying for people, which will pay them immediately what they would earn after the long, arduous training of a nurse, so that you have that to contend with, too. There are less and less young girls who want to go and take this long, difficult nursing course when they can get jobs right away that will pay them as much as they would earn when they have graduated.

It is a very difficult situation; it is a part of the manpower problem, I suppose.

The CHAIRMAN. Thank you very much for coming, Mrs. Tydings, we appreciate it.

Mrs. TYDINGS. Thank you.

The CHAIRMAN. We have with us Mrs. Bolton, the author of the bill in the House; and, Mrs. Bolton, will you please make a statement for our record?

STATEMENT OF HON. FRANCES P. BOLTON, REPRESENTATIVE FROM THE TWENTY-SECOND DISTRICT OF OHIO, HOUSE OF REPRESENTATIVES

Mrs. BOLTON. I would be very happy to make a statement, Mr. Chairman.

I am Mrs. Bolton, Congresswoman from the twenty-second district of Ohio, and for a great many years a member of the nursing groups of the country; and I am interested in nursing, in nursing education, and in the general care of the sick.

It has been my work, until I came to the Congress.

Senator TUNNELL. Where is the twenty-second district?

Mrs. BOLTON. It is Cleveland and the vicinity.

I know you have had a great deal of very interesting evidence, and I do not know that I can contribute anything new to what you have

accumulated, but for so many years I have represented the public on the nursing groups that I am sure that perhaps some of my comments will be very interesting to you.

I have also sat for the past year and a half, by invitation, with the nursing and other groups of the Health and Medical Committee, and those interested in the nursing care of our troops and of our civilian population, at most of their meetings. So that I have been very conversant with the problem, and very eager to see it handled more efficiently.

In the First World War there was established the Army School of Nursing, which I had the honor to be associated with, and at that time the same problem appeared, that of having enough nurses for a long war. And the only way that we could at that time see a progressive number of students rolling off the schools, was to have the Army take over an educational program, which they did, and it was a magnificent piece of work.

The Army school continued, finally only at the Walter Reed Hospital, having been all over the country, until about 1931. And when it was closed, the framework was continued. It exists still, the framework of that.

But when this war came, there was a so much larger responsibility on the Army and the Navy for technicians, for chemists, for all of those people, that it seemed unwise to the powers there to reopen the Army school. Therefore, it became very necessary to do something to have the same flow, in greater numbers, than we had been able to start during the previous war.

In 1941 there was an appropriation of $1,200,000, and a deficiency appropriation of $600,000, which went to the Public Health Service for the subsidy of nursing schools which could increase the number of their students; and in 1942—July—there was appropriated $3,500,000. We therefore feel that there has been a very fine piece of work done, from which a larger work can go forward.

There were 309 schools of nursing that received aid during this time; 12,000 student nurses were helped; 4,000 graduate nurses have taken graduate courses in special fields; 4,000 retired nurses have been brought back into active service through refresher courses.

But, you see, the picture is so different this year from what it was a year ago. There is such competition for the manpower, and particularly for the womanpower of the country, that the girls, as Mrs. Tydings has said, are being drawn into other agencies of Government and other war work.

I think you will be interested, if you have not had these facts, to know that normally about 35,000 young women go into nursing each year, they have a call to nursing. But we need 65,000, and we need them so desperately that I do feel very eager to thank this committee for its prompt hearing of this bill, because the need is emergent, it is not a thing that can be put away or put off for any length of time. you have heard, of course, a great many figures, probably, and a great many of the reasons why, so I will not go into that, I won't repeat, but I do want to express something which I think has need to be expressed, if it has not been said, and that is that my bill—and I feel sure that Senator Bailey has the same feeling about it—that this is not permanent legislation; that this is established for the emergency

of the war in order to have a continuing student body, which, of course, makes a graduate body.

We hope, too, that the eventual bill will be so written that it will contain a clause which will express this thought, that no student will be accepted after the finish of the war. That definitely limits the period, but it tapers off so that the girls who have entered perhaps the spring or the fall before the end of the war, will not be left high and dry without the ability to finish their course.

The new plan does ask that the students get aid, it provides aid for them, it provides a shorter period of training which we feel to be imperative; but we also feel this, gentlemen, and if I may speak from the experience of a good deal over 30 years of work with nurses, the standard of nursing education is a very necessary thing to uphold. We are all eager to have the course made as short as possible, but the very fact that due to the dearth of nurses we are using subsidiary groups, trained in only a small way, supervised by the nurse, it means that we must have a supervising nurse particularly well trained, of particularly good quality.

It is for that reason that some of the restrictions are put in in the standards, and so on, of the schools. I want to bring that point out, because I think sometimes it is forgotten by those who are not particularly versed in hospital procedure and in public health procedure, and so on.

We are hoping that this method of the Student Nurse Reserve, War Reserve, will bring a little drama into the picture so that the recruitment will be facilitated. We have found it difficult because of the more dramatic services that are opening for women, and of course the higher pay makes it very necessary, the higher pay of industry makes it very necessary, that we have some kind of payment going to the student while she is in training so that she does not need to be a burden to her family and to herself, she doesn't have to assume the debts that girls very often do assume.

The question of what will be done with nurses after the war, if we produce so many, has been brought to me so often I wonder if I may take just one moment to that.

We feel that the nurse will be of such great use—we are developing a public-health conscience, we are developing an international conscience, we are developing many things that will take up the supply of graduate nurses after the war; and many of those nurses who have married, who have their homes, will just long to get back to their homes. But at the same time, the services are being so developed—you take the need that there will be in Veterans' hospitals, in our general hospital situation, and I feel sure that such a situation as prevailed after the last war does not need to be feared at this time. I want very definitely to have that a part of the contribution I make to your knowledge of the subject.

I want to thank you exceedingly, Senator Thomas, for the privilege of coming before this committee.

Senator TUNNELL. See if I am clear on this: My understanding from the testimony, particularly of yesterday when we did go into figures somewhat, is that there are more nurses now than prior to the

war, that there are more student nurses now than prior to the war, but that there is a greater demand for nurses?

Mrs. BOLTON. That is true, sir.

Senator TUNNELL. And the testimony was, yesterday, as you suggest, that even though there should be many more nurses than usual taken in each year, or student nurses, that the witnesses didn't believe there would be a surplus after the war, and that is your thought?

Mrs. BOLTON. That is definitely my thought.

Senator BALL. You spoke, Mrs. Bolton, about the situation that developed after the last war. I am not too familiar with that. What was it?

Mrs. BOLTON. Well, we accelerated the numbers of nurses as much as it was possible to do, and then when the war was over some of those nurses were unable to get positions and work, and they felt very badly treated by the public, they felt they had given everything and that the least they should have was work when they came home.

My own feeling has been rather strong in the matter, that it was largely a matter of nurse distribution. I will cite a fact for you to demonstrate that.

In the very heavy flu epidemic, we took a census of patients and doctors and nurses; and we found the percentage of patients who couldn't be nursed, and nurses who couldn't get jobs, to be almost the same; and it was quite definitely a distribution problem. We now have so much more machinery for distribution.

Senator BALL. Did that situation develop immediately after the war, or was it after the depression?

Mrs. BOLTON. Immediately, and for some years following, right after the war.

Senator BALL. I know that during the depression our hospitals had a terrific time, and then they introduced this hospital association, which pretty much solved the problem.

Mrs. BOLTON. It is a very, very serious situation for all hospitals, because the nurses are patriotic, they have gone from all areas, just as fast as they could get into the Army. Naturally that is their first desire, although we have tried to keep teaching nurses, and nurses in responsible positions in hospitals, to keep their jobs and stay home, but that is very hard when the pressure is great at the front.

Senator BALL. What do you think of the schedule for pay in the bill? The WAVES and the WACC's go in at the regular Army and Navy pay.

Mrs. BOLTON. Yes.

Senator BALL. Do you think this will do the job?

Mrs. BOLTON. We have thought so as we have studied it through these long months. I have been in accord with the findings of the various committees at each point. We are very reluctant to go into too much money.

The CHAIRMAN. Mrs. Bolton, may I ask, did any witnesses appear? against the bill in the House?

Mrs. BOLTON. No, sir.

The CHAIRMAN. Thank you for coming over.

Mrs. BOLTON. Thank you for permitting it.

The CHAIRMAN. Dr. Martha Eliot, please.

STATEMENT OF DR. MARTHA ELIOT, ASSOCIATE CHIEF OF THE CHILDREN'S BUREAU, DEPARTMENT OF LABOR

The CHAIRMAN. Dr. Eliot, we are glad to see you again.

For the record, will you state your name and your position, please?

Dr. ELIOT. I am Dr. Martha M. Eliot, Associate Chief of the Children's Bureau of the Department of Labor.

The CHAIRMAN. Proceed as you wish.

Dr. ELIOT. I am very glad, Senator Thomas, to have an opportunity to appear before this committee in support of Senate bill 983, which provides for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries, through grants to institutions providing such training. I am particularly anxious to emphasize the need for postgraduate courses that prepare nurses for work in maternity care and care of children.

In the work carried on by the State health departments under title V of the Social Security Act providing maternity care, child-health services, and medical and hospital care for crippled children, it has become increasingly apparent during the last 2 years that the shortage of nurses, both in the public health field and in hospitals, is having, and will have, an increasingly serious effect on the health and well-being of mothers and children. Just as the withdrawal of doctors from communities for the armed forces is creating critical situations in many communities, so the withdrawal of nurses to the armed forces is creating extremely serious situations, especially in the maternity wards of hospitals and in the nurseries for newborn infants. The effect on the health of babies and children and on mothers during the prenatal period, of the withdrawal of public-health nurses may well be reflected in increased infant mortality rates. The recent new program providing for maternity and infant care of the wives and infants of men in the military service is showing the shortage of nurses in hospitals to be serious.

The public-health nurse has become the chief reliance of health departments and of physicians who are concerned with providing health services for infants and young children with respect to their job of instructing mothers in the care of themselves during pregnancy and in the care of their infants during the first year of life. One of the outstanding factors bringing about the reduction of infant mortality during the past 2 decades has been the increase in the educational program carried out by visiting nurses and public-health nurses with mothers and families in cities. During the past 7 years, since the passage of the Social Security Act, the number of public-health nurses in rural areas has increased materially. With this increase, there has gone forward with increasing effectiveness the educational program in the fields of infant and child care and maternity care. More than 50 percent of the State and Federal funds spent under the maternal and child-health program provided for in title V of the Social Security Act is spent for the employment of public-health nurses to serve the rural areas of this country. Today some 5,000 nurses are assisting mothers in the care of their children through these funds. Many of them are giving bedside care to mothers in childbirth when the mother must be delivered in her own home.

There are, however, 789 counties that do not have a single public-health nurse to perform this service, and 31 percent of the counties that

claim to have nursing service must share a nurse with another county. Relatively few counties are able to employ an adequate number of nurses.

The CHAIRMAN. How many counties are there in the United States; what does that 789 counties mean?

Dr. ELIOT. There are 3,073 counties in the United States, so that approximately one-fourth of the counties do not have a public-health nurse.

Relatively few counties are able to employ an adequate number of nurses. This is due both to a shortage of public-health nurses and to a shortage of funds for this purpose.

Before the war there were sufficient public-health nurses employed to provide 1 nurse for every 6,562 persons. This ratio falls far short of the desirable ratio of 1 nurse to every 2,500 persons. With the withdrawal of some 1,800 public-health nurses to the armed forces, this ratio has been made worse rather than better, since there has been no pool of reserve nurses that could be called on by the States to fill their places.

The need to give public-health nursing training to many thousand graduate nurses is apparent. That this cannot be done in a very large way, perhaps, until after the war, is apparent, but postgraduate training for nurses in the public-health field must be continued even now during the war if the health of mothers and children is to be protected. Also, what must be done now is to give the necessary hospital training to nurses who, when the war is over, will wish to enter the public-health field. I am told that the Public Health Service estimates that, during the next fiscal year, 65,000 nurses should enter the schools of nursing.

(At this point Chairman Thomas left the room, and Senator Tunnell assumed the chair.)

In order to partially compensate for withdrawal of public-health nurses for the armed forces, State and local health departments are employing nurses who are graduates of hospitals, but who have had no public-health-nursing training. In some cases health departments are employing untrained workers to assist public-health nurses with some of their duties that such untrained persons can perform acceptably. This is clearly a temporary measure until an appropriate number of nurses can be given the basic hospital training and the additional preparation in public-health nursing. To make it possible to use such nurses who are not trained in public health and nonprofessional assistance for the maternal and child-health program, it is essential that an increased number of supervisory staff specially trained in maternity care and care of children be employed.

Special postgraduate courses for nurses in maternity care and in pediatric nursing should be established at selected medical centers. These specially trained supervisory nurses are needed by State health departments, and in many local health departments where several staff nurses are employed. Such graduate courses could be established under the provisions of Senate bill 983. They are greatly needed. A plan for this postgraduate work in maternity care and nursing care of sick children has been worked out by the National Organization of Public Health Nursing and the curricula have been outlined. What is needed is the funds to develop the courses in appropriate medical centers.

The need for nurses trained in maternity care and care of newborn babies is very great. The shortage of nurses in maternity wards of hospitals is critical, especially in many cities where the population has increased in an unprecedented manner due to the establishment of war industries. The tendency for doctors to wish to deliver women in hospitals has increased during the past few years in many parts of the country. The number of hospital deliveries has increased from 37 percent in 1937 to 61 percent in 1941.

In the cities where crowding has followed war industries, the conditions in homes are such that most women wish to go to hospitals for confinement. The result is that maternity wards and private rooms of most hospitals are crowded far beyond the limits of safety for either mother or child. Some hospitals have been forced to place beds for the mothers in corridors. Inspections of nurseries for newborn babies have shown that sometimes twice as many babies are being cared for as should be in the space provided. Not only is there this overcrowding, but the number of nurses provided to take care of the women and their babies is in many cases less than the number provided in normal times. The result is that epidemics of diarrhea among the newborn babies are being reported with increasing frequency.

For instance, a report comes from one large western city that the total infant mortality rate increased 22 percent in 1942 over 1941. There were in all 150 infant deaths; of these infants, 105 died during the first month of life. In this same city in the first 2½ months of 1943, there were 135 cases of diarrhea in babies under one year of age, with 25 deaths among infants under three months of age. Reports from four hospitals in a midwestern city show that of 112 newborn infants affected with diarrhea, 47 died. From another small city, of 18 cases of diarrhea among newborn infants, 11 resulted in death. Similar reports of epidemics of diarrhea have reached us from eastern cities.

To ease the crowding in maternity wards and nurseries for newborn babies, many maternity hospitals are sending mothers and babies home on the second, third, or fourth day after the birth of the baby, when physicians know that they should be kept for not less than 10 days if the mother is to return to normal condition promptly. Obviously, many more nurses are needed in these maternity wards if present conditions continue.

An increase in staff nurses is not all that is needed. Supervisors specially trained in maternity care and the care of sick children must be made available to oversee the work of staff nurses and help in educating student nurses. The infant mortality rate among newborn infants will undoubtedly rise. There are already some indications that the vital statistics for 1942 will show an increase in mortality among newborn infants.

There is a need for nurses trained in the care of sick children. To care for sick children in the wards of general hospitals or in children's hospitals requires specially trained, highly skilled nurses. Children are more frequently ill than adults, and although fewer children than adults are admitted to hospitals, the care needed by those who are admitted requires special training of the nurses if lives of children are to be saved. As a rule only the sickest children are admitted to hospitals. More time of nurses is required to care for them than for adults. Graduate nurses highly trained in the care of children are

needed to supervise the work of staff nurses and to participate in the education of student nurses in the care of sick infants and children. Special training must also be given in the care of children with communicable diseases.

The success of many surgical operations on children, especially orthopedic operations or operations for harelip and cleft palate, depends on the skill of the nurse who takes care of the child during the period of convalescence. Special courses, therefore, for the training of graduate nurses in the care of sick children, are greatly needed and could be started under the provisions of Senate bill 983.

The need for expansion of training courses for nurse midwives is very great. The shortage of doctors to serve civilians resulting from the war situation has made it apparent that a much larger number of trained-nurse midwives could be effectively used in certain areas to supplement the maternity service rendered by physicians. The training of nurse midwives and their employment to assist physicians in the practice of obstetrics has not been developed in this country to the extent that it has abroad. There are but four schools where graduate nurses may be trained in midwifery in this country, only one of which is equipped to train more than a few midwives each year. And I would like to say that help is given to three of these through the program now administered by the Public Health Service.

A well-trained nurse midwife working under the direction of a physician could supervise the delivery of many normal cases, with the assistance of the physician when necessary. She could also work on the obstetric service of small hospitals as an assistant to the physicians serving the hospital. A trained nurse midwife may also act as supervisor of maternity nursing services in State and local health departments. Under the provisions of Senate bill 983 additional schools of midwifery could be established and the facilities of existing schools could be expanded.

Industrial nursing service for women in industry: The enormous increase in the number of married women entering industry as the result of the war has increased the responsibility of industrial nurses for the supervision of pregnant women while at work. A sound industrial maternity policy should include nursing consultation service to both employers and employees. Many married women wish to continue work during pregnancy. In a majority of instances there is no physical reason why they should not. For their protection and the protection of the employer, a well-trained industrial nurse should be available in all factories employing women, to give the necessary service. Special training in relation to supervision of pregnant women at work should be a part of a postgraduate course for industrial nurses.

Public-health nursing service in day-care centers for children of working mothers: Public-health nurses are needed in day-care centers for children of working mothers to assist with the health supervision of the children. Public-health nurses are needed not only to inspect the children daily, but also to advise the teacher and other members of the staff in health services for young children.

With the shortage of physicians, public-health nurses, if available, can carry much of the health service needed for these children. When infants under 2 years of age must be cared for during the day when their mothers go to work, the need for the assistance of public-health nurses is even greater. With the shortage of public-health nurses,

graduate nurses without public-health training can be employed to assist in this program under the general supervision of a public-health nurse. The shortage of nurses is making it very difficult for those responsible for these day-care centers to provide the necessary health services for children. Nurses who work in this program should have had special training in nursing care of children.

In conclusion, it would appear that all available evidence points to the very great need for (1) primary training of a large number of nurses in hospitals; (2) postgraduate training for hospital and public health nurses in maternity care and care of sick children, to equip them to be supervisors of staff nurses; (3) postgraduate courses in public health nursing for a steadily increasing number of graduate nurses in order to provide for the needs of mothers and children in the civilian population.

Senator TUNNELL. Did I understand you to say, Doctor, that in some particular location there was an increase in the infant mortality of 22 percent?

Dr. ELIOT. We had a report from one city that during 1 year there was an increase in infant mortality of 22 percent.

Senator TUNNELL. Do you think that that prevails generally?

Dr. ELIOT. I think it probably does not prevail generally, but it is an indication that there may be an increase in many other areas.

Senator MURRAY. Was there an epidemic on in that particular place?

Dr. ELIOT. There was an epidemic of diarrhea among the babies in the hospitals.

Senator TUNNELL. Do you think that that can be attributed to the shortage of nurses?

Dr. ELIOT. I think it can be attributed to two things: The shortage of nurses, which means that the care of those new-born babies is deficient; and the great overcrowding in the hospitals, with the maternity patients, and therefore in the nurseries for the new babies.

Senator MURRAY. Could bad water or food conditions have anything to do with it?

Dr. ELIOT. Probably not either bad water or the food itself, but the handling of the food would account for some of it.

For instance, when twice as many babies have to be taken care of as is normal, and when the number of nurses is short even for the normal number of babies, the amount of time that can be given to the care of the baby is obviously much too little; and the care of the milk, when babies are artificially fed, may be defective.

Senator TUNNELL. Thank you very much, Doctor.

Dr. ELIOT. Thank you.

Senator TUNNELL. Miss Mary Beard.

STATEMENT OF MISS MARY BEARD, DIRECTOR OF NURSING SERVICE OF THE AMERICAN NATIONAL RED CROSS

Miss BEARD. Mary Beard, director of nursing service of the American National Red Cross.

We are very deeply concerned in this matter of enough good nurses, because we have accepted the responsibility of providing qualified nurses for the military. Recently there has been a directive from the Army which really makes us the door-in for all the nurses they need,

and with the Navy the proportionate percentage of nurses coming in through the Red Cross is very high.

We are very sorry to have to say that now, nearly 25 years since the last war, we haven't been able to make those qualifications much higher than we did before. We must have nurses of a certain quality. In this war, more than in any other, the nurses who have to go must be awfully good people, they are going to very strange places, and a great variety of them, and on the whole I can say that they are very good people.

The necessity, then, for the Red Cross to find out whether the nurses who will go to the armed forces are up to the standards set has given us a very intimate understanding of the situation of schools which are producing those nurses all over the country.

My associate, who is head of the recruitment-enrollment service, tells me that she believes the most serious fact for me to bring to you this morning is that one-third of all the eligibles are now with the forces. That leaves a small number for all that has to be done at home, in addition to all the further job that has to be carried through for the military forces.

Roughly—and these figures are rough—we will say that there are 30,000 such nurses with the military forces now, and that by Christmas, roughly again, we must have 20,000 more.

We are proud of those nurses; yes, sir. In the midst of a meeting where the Pacific area, the Midwest area, the Southern States, and the New England States were all together, considering recruitment methods, we had word that one of the chief nurses from Africa was unexpectedly there; and she came over—she had come here on a special mission, and she would go back again as soon as she could—she came over again to see us. I was so glad she came right then. She represents the very best, she is a girl with excellent training, sent over by the Red Cross on the Harvard Red Cross unit to England, the communicable disease unit, before we were in it, and going right into the Army from there as soon as she could, and very, very close to the fighting now.

I questioned her to find out how good the nursing is, and the one thing I could get—I got no criticism, she is a very effective person and she is taking the good with the bad, and she is an awfully good nurse—the one thing I got was "Not enough, not enough to do the very skillful surgical things that are being done to meet the very serious medical needs that have to be met."

I said, "What about using the male nurses, who are there and who are doing something else, perhaps?"

She said, "Oh, of course we would give anything to have them, and they are being used." I have a letter from one of them now. But they are not in the same group with the women nurses.

Now our anxieties are great, and we have reason to feel exceedingly anxious, lest we should not get enough for the armed forces, and I am speaking now of them. We are getting down closer and closer to the place where they won't be. We must release, then, the graduate nurses who are working in this country, in every legitimate way that we can find to release them.

We are trying—the Red Cross nursing service has a responsibility toward the volunteer nurse's aides, and I was delighted that you had that testimony this morning, I thought it was so good—and I would

like to add to that, that a change has been made in enrolling a short time ago which said that those young women had to be nonpaid. They do until they have worked off their 150 hours of practice, but then, if the hospital wants them terribly and if their children at home have to have them and they have got to hire somebody to take care of the children, the hospital may employ them, there is nothing in the Red Cross prohibition to prevent their being paid.

The other thing that the Red Cross is doing to try to supplement at home the loss of nurses, is the training of all kinds of women, and some men, too. I heard of a group of firemen taking it the other day. In home nursing there are more than 700,000, this last year, women, persons who have taken that home nursing course, and that will help. It is very short, but it deals with the principles of the prevention of illness and the care of common illness in your own family. Those two things can be done.

I think you were not told by Mrs. Tydings that there were 100,000 of these volunteer nurse's aides, and that that number is growing. I know you were told by Dr. Eliot that you can't have a nurse's aide without a nurse; you have got to have somebody for her to help.

So the reasons for our great concern—and we are for this bill 100 percent; we think this would help very much—are: Shortage of nurses, and there was a shortage during the depression. That situation made a shortage of nurses before the war. The contrasting conditions in preparing these essential women nurses for the essential national job to be done, the contrasting conditions with other women that are now being prepared, that is a terrible handicap. You can't go to your family and say, "Give me money to go through this training of many months," with the same amount of assurance that you could if there were not other women—in my opinion, less needed than these women are—who are having so much better, fairer a start in the thing. So there is that competition.

Then in itself it is a selective group. When I was a girl I knew I wanted to be a nurse, but my sisters didn't want to be nurses; they wanted to be something else, perhaps equally useful. But it isn't all girls who want to be nurses. It is different; there is a good deal that is disagreeable about it; and your appeal is not to the same people exactly.

There is very much too low a financial standing for nurses, anyway; that is another handicap we have to think of. To keep on being a nurse you have to want to a good deal. And that is an element in it.

The requirements of the Red Cross—and I say "the requirements of the Red Cross" simply because the armed forces have put that responsibility on us—are, as I said, hardly any higher than they were before.

The number of schools which do not meet those very low requirements is shocking. About 1,000 a year—these are the nurses themselves—graduate from schools which cannot meet those low requirements. There are on duty now about 30 percent—I said that before when I said one-third—of all who are eligible. There are 97 schools with which we have been dealing, which do not meet the requirements—and I think some of the others could be more accurate about this—I think there are about 1,300 schools, and 97 of them do not meet our requirements.

There is another statement. Although these schools are approved locally by the boards which must approve them, there are 149 others

which are so near the edge of disapproval that we have had to say, "We will give you a year; we will let your nurses in now because we need them and because we have faith that you will correct those conditions," but there are 149 of them. And during this great call for nurses, there have been 11 of these schools closed, which is, of course, good.

This bill seems to us to answer ever so many of these questions. The one thing about nursing, learning to be a professional nurse right now in the world, as contrasted with when I went into it, is that no man is going to want to compete with us when he comes back. You can make a good case to the girl who really wants to be a nurse today about her future life, and if we, the people of the United States, give the same help to these women to go into this profession now, because of the need for them—and I have said very little about the need for them here, both here and there—we are going to have something which will be very strong to help build up the future that is before us.

I think almost everything else about this has been said.

Senator TUNNELL. My understanding from you is that we have left for civil life about two-thirds of the nurses?

Miss BEARD. Not for civil life, because we have got to try to get them into the armed forces, too. That is all we have left for anything.

Senator TUNNELL. And those two-thirds, if you have them, have to look after all of the women, all of the children, and seven-eighths of the men?

Miss BEARD. You are right.

Senator TUNNELL. Of the country?

Miss BEARD. Yes.

Senator TUNNELL. Thank you very much.

Miss BEARD. Thank you, Senator.

Senator TUNNELL. Dr. Verne K. Harvey.

STATEMENT OF DR. VERNE K. HARVEY, MEDICAL DIRECTOR OF THE UNITED STATES CIVIL SERVICE COMMISSION

Dr. HARVEY. Dr. Verne K. Harvey, Medical Director of the United States Civil Service Commission.

I am here to let the committee know the responsibility that the Civil Service Commission has in recruiting for the Federal agencies, the Federal civilian agencies that use nurses.

The recruiting problems have become increasingly difficult in the past year to the extent where, since January 1, we are approximately 800 behind the demand for filling vacancies in the various Federal agencies for which we do recruit.

Those Federal agencies include, of course, the Veterans' Administration, the Public Health Service, the Indian Service, the Panama Canal, St. Elizabeths Hospital, some of the District of Columbia institutions.

We believe that this bill will go a long way in helping satisfy the needs and furnishing resources and a reservoir from which the recruiting can be done in the future.

I have one suggestion in regard to the bill. In section 2 (a), line 12, I understand that since this came out, somebody has offered an amendment, a suggested amendment; and I believe such an amendment would strengthen the bill insofar as the Federal Government's interests are

concerned, and that would be to include some sort of wording, after "miltary"—"other Government hospitals, including the Public Health Service, Veterans' Administration." I believe that that would safeguard the needs of the Federal institutions.

Senator TUNNELL. You don't have the amendment suggesting that?

Dr. HARVEY. No. I understand that somebody made a suggestion yesterday.

Senator TUNNELL. Senator Murray suggests that you repeat it again, so that it can be generally understood.

Dr. HARVEY. That in line 12, section 2 (a), following the word "military," the words "other Government institutions, such as the Public Health Service, the Veterans' Administration, and other Government hospitals," be added.

I believe that would safeguard the interests of the Federal institutions.

Senator TUNNELL. Have you anything further?

Dr. HARVEY. That is about all I had to offer.

I am here in support of it, and if there are any questions I could answer, I would be very glad to.

Senator ELLENDER. You say that the shortage in nurses today is only 800?

Dr. HARVEY. No. Since January 1, of the requests that we have had from the Federal hospitals, Federal agencies, we have lacked 800 in filling them.

Senator ELLENDER. What does that indicate?

Dr. HARVEY. That indicates that there is a shortage in the reservoir from which we have to recruit, and that reservoir is the nurses throughout the country.

Senator ELLENDER. Well, does that not in effect reflect a shortage of nurses at this moment?

Dr. HARVEY. Yes.

Senator ELLENDER. Do you know how many nurses this bill contemplates graduating each year, or providing for?

Dr. HARVEY. I don't recall specifically now.

Senator TUNNELL. I might say, for Senator Ellender's benefit, yesterday I think they said they are 15,000 short of the hoped-for goal in student nurses for this year, that they were hoping for 65,000 and they have only 50,000 in sight.

Senator ELLENDER. You mean as students?

Senator TUNNELL. As students. I think that is correct. If I am wrong, somebody can correct me.

Miss GOOSTRAY. The number asked for this year was 55,000. We figured that we got about 49,000. If we have 65,000 students enter, presumably we will lose, if our figures continue as they have in the past, somewhere between 25 and 30 percent, of students dropping out before they graduate, in normal times.

Senator HAWKES. How many do you feel you need at the present time under present conditions; I mean after the 25 percent have dropped out?

Miss GOOSTRAY. We believe that we need more than 65,000, but we feel that we will only have a chance, probably, of getting 65,000. We shall have to supplement the nursing service in some other way.

Senator ELLENDER. Is that in addition to the number of nurses that are now employed?

Miss GOOSTRAY. That is student nurses, new students coming in this next year. On January 1, we had 100,000 students in our schools of nursing, and presumably we admitted about 10,000 more in the spring classes.

Senator ELLENDER. I notice under section 2, subsection (d), there is to be paid to students the stipend of $15 for the first 9 months, and $20 for the following 15 to 21 months. How does that compare with what student nurses are now obtaining from the schools; does anybody know?

Miss GOOSTRAY. The figures we have show the median at $8 a month for student nurses, but there are not very many schools at the present time which pay students an allowance. But we have got to compete now with the WAAC's and WAVES, who are being paid, and I am sure some of the testimony that will come out later from the chairman of our recruiting committee will bring out some of the facts that we have learned through our clearing bureau.

Senator ELLENDER. Will she testify today?

Miss GOOSTRAY. Yes.

Senator TUNNELL. Thank you, Dr. Harvey.

Dr. HARVEY. Thank you.

Senator TUNNELL. Miss Katharine Faville.

STATEMENT OF MISS KATHARINE FAVILLE, CHAIRMAN, COMMITTEE ON RECRUITMENT OF STUDENT NURSES, NATIONAL NURSING COUNCIL FOR WAR SERVICE; DIRECTOR OF THE HENRY STREET VISITING NURSE SERVICE IN NEW YORK CITY

Senator TUNNELL. Will you state your name and your work?

Miss FAVILLE. Katharine Faville. I am the chairman of the national committee on recruitment of student nurses, National Nursing Council for War Service, and am director of the Henry Street Visiting Nurse Service in New York City.

We have been trying quite a long while as nurses to recruit student nurses sufficient so that we wouldn't have to come and ask for this kind of a bill. The thing you want to keep in mind when you listen to all this talk about supplying nurses for the various branches is that the only way you get to be a graduate nurse is to go into a school of nursing as a student nurse. Every graduate nurse has to be graduated from a school of nursing.

So this bill is to try to induce more students to come into schools of nursing so they can be available to supply the civilian and the military needs.

In the fall of 1941 the nursing profession set up a national committee on recruitment of student nurses, and we have employed trained promotion people that we thought were very good and understood the nursing profession and our needs, and we have tried as hard as we know how to increase the number of nurses coming into our schools, and at the same time maintain the right quality, because of course we could go out and get numbers but we wouldn't secure the numbers and the quality to take care of our sick people.

We have used the usual methods; we have had a great deal of help from the radio companies. The O. W. I. at the present time is helping us with a very extensive national radio campaign. We have had

those campaigns over the past 2 years in the newspapers, the magazines and all of the usual promotion media have been open to us.

Then we have gone to the special groups, the high schools and colleges, the vocational training people, the special groups like the Federation of Women's Clubs, the various women's fraternal orders, the Moose and all of those, and the Legion Auxiliary, and the national sororities.

We have a recruiting committee in each State that is getting speakers right out into the rural high schools, and until we had gasoline rationing we had had pretty good luck in getting out there into the schools, because in the rural areas there isn't quite as much other recruiting for other services going on, and the industries aren't quite as active there.

We found, after a bit, that what it looked like was this, that the profession as a whole can count on somewhere between thirty and thirty-five thousand girls coming in a year that are career girls. They are the kind like Miss Beard who said she had always wanted to be a nurse, and about that many seem to want to be. If we are going to get more than that we have to get into this common pool which are going to go into some kind of war job because their brothers are overseas.

Everybody is fishing in that same pond and it is getting a lot harder because our bait isn't very good any more.

The military services up to the present time have had an admission age of 21, so they have been going into the colleges and into the more mature groups like the girl in business now, and we have had terrible competition from them there.

Now they are talking about lowering the age limit, and then it is going to be everybody get what they can, because that will take them down into the high schools. We have been the one war service that did admit girls out of high school, and so, from 18 to 21 has been where the bulk of our people have come from.

Industry, however, has gone in and is perfectly willing to take those youngsters. Another group we used to draw from was the college girls with a good science preparation, and now every industry in the country is trying to get them and they are getting them because they are coming in and paying them an awful lot while they are learning.

We are the only women's war job at the present time where she has to pay her way while she is training, and that is certainly a handicap when you go out to recruit.

Now the parents write in and say to us, "You say that this is a war need and the Government needs nurses. Well, the Government is willing to pay for absolutely everything else it needs, what is wrong with you that it won't pay for the nurses' training?"

And we are having at the present time very much poorer luck with our radio campaign than we had 6 months ago.

The girls that are coming in are a younger group and a great many more of them are asking in terms of Federal aid. I was talking yesterday to the director of one of our large schools of nursing in the country, a very conservative school that has been connected with a church, so they have always had all the students they wanted, of a very nice type, and they have never had to worry about recruiting.

She has never had scholarships and has never been able to understand why we needed scholarships.

Yesterday she came to me and said, "I am trying to get a class of 25 for the summer, and I can't get them, and the horrible part of it is that every application on my desk needs scholarship aid." She said, "I have never built up scholarship funds for this school and I can't even get 25 for the summer."

She wanted us to see what we could do to help her.

In addition to the money that the Federal Government did give through the United States Public Health Service the last couple of years, we have tried to go out and get some scholarship funds on our own that would have no strings tied to them, and we have been able to get something over $100,000, which helps maybe three or four hundred girls. We got that from the Auxiliary of the Legion and from the Federation of Women's Clubs. I guess it was about $150,000 because the federation raised $100,000 itself. But that doesn't begin to touch it——

Senator ELLENDER (interposing). What is the total amount you are now receiving?

Miss FAVELLE. We have gotten about $100,000 from the Federation of Women's Clubs and about $50,000 from the Auxiliary of the American Legion.

Senator ELLENDER. You don't get anything from the Government, do you?

Miss FAVILLE. Not us directly, but Dr. Parran's fund does do that, but we have had this for other girls, for their personal allowances. The Federal money up to date has not paid for their personal allowances and every girl needs hairnets and stockings and shoes and whatnot—she has to have a little allowance. The only way we have been able to supply that, because the Government doesn't do that, was to go out and get these independent funds.

Now the girls are saying, "My family is saying that it doesn't just make sense, I can earn my way in something else and who is to tell me that I am needed more as a nurse or in one of those other war jobs?"

We frankly don't know any other way to fish in the pond except to use the same bait, and you haven't given us that bait; you have given it to every other women's group but us.

Senator ELLENDER. If this is already in the record, Mr. Chairman, I am sorry, because I haven't been able to be at the meetings, and if I ask questions that have been answered before, please tell me.

Have you any idea how much the Government would be called upon to put up for each student under this bill?

Miss FAVILLE. I think Miss McIvor knows the details better than I. It is something like $1,000, I believe.

Senator ELLENDER. In other words, how much would it cost the Government for each student to enroll in a designated school of nursing?

Miss MCIVOR. The maximum, as we are contemplating it at the present time, is about $1,250 for the full 3 years, for the full period of training.

Senator TUNNELL. Mrs. Bolton is here. I wonder if she could give us any ideas on that.

Mrs. Bolton. I haven't my papers with me, Senator, but I am quite sure that Miss McIvor has given you accurate figures on that.

Senator Ellender. That would be about $400 a year?

Mrs. Bolton. Yes; roughly.

Senator Ellender. And do you think that this will act as an incentive to increase it to such an extent that you can meet the present demands?

Mrs. Bolton. We are certainly hoping so, Senator.

Senator Ellender. To what extent has the enrollment of student nurses increased or decreased since the war, in contrast to normal times?

Mrs. Bolton. I think there are, under normal conditions, about thirty-four or thirty-five thousand girls throughout the country who have a "call" for nursing; they go into nursing.

Senator Ellender. Per year?

Mrs. Bolton. Yes.

Senator Ellender. Well, now, has the war created an incentive?

Mrs. Bolton. Yes; we have been able to get, I think it was 49,000 that actually came into nursing last year, but we need the 65,000.

Senator Ellender. To what extent does, let us say, a hospital that is recognized—and we have several in Louisiana, such as the Charity Hospital at New Orleans—to what extent does the hospital aid the students, do you know?

Mrs. Bolton. I couldn't give you those figures.

Senator Ellender. In other words, don't they furnish everything except the tuition that you are seeking?

Mrs. Bolton. You mean the hospital itself?

Senator Ellender. Yes.

Mrs. Bolton. That varies in different hospitals. We have been working as a profession endeavoring to have the girl pay for her own training, but that doesn't work in wartimes.

Senator Ellender. Well, do you have any hospitals, such as the Charity Hospital in New Orleans, or in any other section of the country, which utilizes the services of these young women as they enter, and forces them to pay?

Mrs. Bolton. It isn't just that, Senator, the forcing them to pay. They are paying for their training and part of their training is their bedside care of the patients, and that in turn is of service to the hospital.

Senator Ellender. What I had in mind is—do they put up any money?

Mrs. Bolton. In many hospitals, yes.

Senator Ellender. They do?

Mrs. Bolton. Oh, yes; just as a medical student pays for his training, a nurse has been paying for hers.

Senator Ellender. Are there many schools in the country which teach nursing as a separate school; that is, not in conjunction with a hospital?

Mrs. Bolton. It has to be in conjunction with a hospital because you have to have the clinical field.

Senator Hawkes. When you talk about $1,200 as the cost to the Government for this course, does that include this $15 or $20 a month?

Miss Faville. Yes.

Senator HAWKES. It includes that in addition to the living and so forth?

Miss FAVILLE. Yes.

Senator HAWKES. Thank you very much.

Senator TUNNELL. Thank you, Miss Faville.

Miss FAVILLE. Thank you for the opportunity of letting me appear before you.

Senator TUNNELL. Mr. Eugene Butler.

STATEMENT OF EUGENE BUTLER, APPEARING ON BEHALF OF THE REV. ALPHONSE M. SCHWITALLA, PRESIDENT OF THE CATHOLIC HOSPITAL ASSOCIATION OF THE UNITED STATES AND CANADA, ST. LOUIS, MO.

Mr. BUTLER. I am Eugene J. Butler, and I am here on behalf of the Rev. Alphonse M. Schwitalla, the president of the Catholic Hospital Association.

Senator MURRAY. Let me ask you, is Father Schwitalla going to appear at these hearings?

Mr. BUTLER. No; Father Schwitalla asked me to express his regrets. He is in Chicago today at a meeting of the joint committee on hospitals, and he sent this statement to me, and asked if I would present it to the committee in his place. So if the committee wishes, I shall read the statement, or I shall be happy to leave it here and have it incorporated in the record.

Senator TUNNELL. I think you had better read it.

Mr. BUTLER. Yes, sir. [Reading:]

The Catholic Hospital Association of the United States and Canada wishes hereby to record its endorsement of Senate bill 983 to provide for the training of nurses for the armed forces, governmental and civilian hospitals, health agencies, and war industries through grants to institutions providing such training, and for other purposes. The association respectfully requests the approval of this bill by the Senate Committee on Education and Labor and its subsequent passage by the Senate.

(At this point Chairman Thomas returned to the room and assumed the Chair.)

Mr. BUTLER (continues reading):

The Catholic Hospital Association of the United States and Canada is an association of Catholic hospitals, 710 in number in the United States, and of the schools of nursing, 391 in number in the United States. This association, representing as it does in its organization and administration the viewpoints of both the hospital administrator and of school executives and faculties, considers itself particularly well qualified to express an opinion upon this bill, since the national need which this bill has been planned to meet, and the method contemplated in the bill for meeting that need, are of particular concern to both the hospital administrator and the nurse educator. The bill, not in its present form but in its principles and provisions, has been studied, first of all, by the council on nursing education of this association and by two of its committees, the committee of examiners and the committee on institutional counseling, as well as by the executive board of the association. In each of these committees and in the board there is representation from the various sections of the country, as well as from the various sisterhoods conducting Catholic hospitals and schools of nursing in this country.

The various committees and the board have taken the position that, as is said in one of their resolutions, "The winning of the war is our first concern, and that therefore the partial sacrifice of the individual's professional development is a justifiable sacrifice in the face of the national need." The various com-

mittees and the board are of the opinion that the acceleration of the educational processes contemplated in the bill, as well as the partial segregation of the periods of study and practice, would be difficult to justify under conditions existing in peacetime when educational and training processes can be pursued with leisure and with full attention to the demands of the soundest achievable educational policies. Under conditions existing today, however, it is recognized that the need for nurses available for national service, either with our military or civilian people, is so great that the profession of nursing must be ready to make a temporary sacrifice in order that our national welfare may be safeguarded.

The committees and the board of the Catholic Hospital have, therefore, given considerable attention and study to the possibility of maintaining satisfactory professional standards, even though the time-honored educational procedures must be set aside for the time being. These committees and the board are convinced that with careful planning and with increased emphasis upon student personnel practice, many of the threatened disadvantages which would otherwise result from premature professional practice can be successfully forestalled. In the official opinion of the Catholic Hospital Association of the United States and Canada, Senate bill 983 effectively meets many of the difficulties which the nursing groups have encountered in increasing their enrollment and in intensifying their recruitment procedures. It has long been recognized that competition and rivalry between the nursing professions and the branches of the military forces open to women have done much to impede the enrollment of young women in the schools of nursing. The establishment of a Victory Corps with its quasi-military organization, with its uniforms, insignia, rank, and remuneration, will go far to reduce the effectiveness of that rivalry in impeding recruitment for nursng education. It is hoped, moreover, that the judicious and wise utilization of techniques necessarily connected with the Victory Nurse Corps, might result in an increase in professional morale which should also prove greatly effective in keeping at a minimum the disadvantages which might otherwise result from a too hasty acceleration of the educative processes.

Finally, if the project of increasing the enrollment of our schools of nursing were placed upon the hospitals without the aid of the Federal Government, it is readily conceivable that an intolerable burden might result for the hospitals which, for the most part, have borne the burden of the financial costs of nursing education. With the aid of the funds contemplated in Senate bill 983, the hospitals of the country should be able to assume the larger educational responsibilities implied in meeting the national needs. It is true that many of the hospitals will still feel a great burden to meet the obligation of paying the $30 a month to the Victory nurse cadet in her third year. It may be confidently hoped, however, that both as a contribution to the national war effort and as a partial compensation to the Government for payments made to the Victory student nurses of junior and of senior grades the hospitals will probably make every effort to meet this obligation.

In view of the foregoing and on behalf of the executive board of the Catholic Hospital Association of the United States and Canada, I wish herewith to present the resolution which has been formulated by the association's executive committee as expressing the mind of the association:

"The executive committee of the Catholic Hospital Association of the United States and Canada, speaking for the executive board, wishes hereby heartily to endorse Senate bill 983 and to urge upon the Committee on Education and Labor the favorable recommendation of this legislation to the Senate. In the opinion of the executive committee, this bill makes provision for effectively meeting many of the nursing problems, especially the nursing shortage in the Nation, and should go far towards enabling the schools of nursing to relieve the critical need for nurses in both the military and civil population. The executive board urges all the Catholic hospitals to which schools of nursing are attached to accept the responsibilities implied in an endorsement of this bill."

Furthermore, I wish here to present as relevant to the present discussion the resolution adopted by the council on nursing education and its committee on February 7, with reference to the Victory Nurse Corps. The resolution reads as follows:

"Whereas the planning of the Victory Student Nurse Corps represents an achievement of the combined wisdom of official nurse groups in response to the national need of nurses for both military and civil purposes in the present war emergency; and

"Whereas this plan in the mind of all those responsible for it gives well-founded hope of effectively achieving the purposes for which it was planned; and

"Whereas the Council on Nursing Education of the Catholic Hospital Association with its committee of examiners and its committee on institutional counseling has carefully studied the plan and has convinced itself of the plan's adaptability to the promoting of national purposes in our Catholic schools of nursing: Therefore be it unanimously

"*Resolved by the Council on Nursing Education of the Catholic Hospital Association and by the committee of examiners and the committee on institutional counseling*, as follows:

"1. That the plan as now proposed for the effective organization of the Victory Student Nurse Corps be endorsed in its principles.

"2. That the same plan be endorsed as a practical program in the emergency even though it is recognized that it may carry with it certain educational and professional disadvantages to our schools of nursing.

"3. That the difficulties which may be encountered in introducing the program are to be regarded as relatively unimportant in the face of the emergency which the program was designed to meet.

"4. That with reference to the two plans; that is, the basic professional curriculum extending through 24 or through 30 months, this council and its committees recognize that the 24-month plan will favor the recruitment of nurses, will offer more effective and speedy help in the national emergency to both the military and the civilian interests, and will prove more immediately effective in accelerating the progress of the student nurse toward professional usefulness, while the 30-month plan represents a minimal concession to the emergency as compared with present standards, guarantees a safer educational procedure and will demand fewer compromises with existing legislation and the policies of State boards.

"5. That while it encourages the Catholic schools of nursing to adopt one or the other of these plans as each school may deem proper and practical and while it recognizes that the conflict between educational considerations and the Nation's need are probably to some extent inevitable, nevertheless it recommends to the Catholic schools of nursing the adoption of the 24-month program to increase the contribution of nursing education and nursing to the war effort.

"6. That this recommendation is hereby made with the approval of the principle which permeates American life today, that the winning of the war is our first concern, and that, therefore, the partial sacrifice of the individual's professional development is a justifiable sacrifice in the face of the national need.

"7. That this council and its committees have assured themselves that effective educational influences can be introduced into the third, that is, the apprenticeship year, of the student's basic professional curriculum, such as seminars, conferences, journal clubs, clinical conferences, and similar educational helps, and that thus many of the disadvantages otherwise resulting from premature professional practice can be successfully forestalled.

8. That the schools should be urged to make the necessary curricular adjustments for the 24 months' program only after the most careful consideration and with the advice of competent consultors, thus to achieve to the fullest practical extent the purposes for which the program was instituted.

9. That the Catholic schools of nursing are insistently urged to remit in no way in the accelerated program their emphasis upon their teaching of religion and their religious practice; rather to strengthen their teaching of religion and to intensify their religious practice at this time when sound and supernatural attitudes toward life are so indispensable in meeting the needs of the world and in protecting the ideals of a liberty-loving civilization.

10. That finally, the differences in educational effectiveness between the two plans, great as they are, do not seem to justify deferral of service to the country for a period of 6 months on the part of approximately 27,000 nurses annually.

That concludes my testimony.

Now Father Schwitalla also sent me a pamphlet, which is a reprint from the March 1943 issue of Hospital Progress. The pamphlet is entitled "Wartime Problems of the Catholic Schools of Nursing," and I think it contains some very valuable statistical data which the committee might want. I do not know whether you want to include it in the record.

The CHARMAN. We would like to have it in the record. It will be put in the record.

(The pamphlet referred to is as follows:)

WARTIME PROBLEMS OF THE CATHOLIC SCHOOLS OF NURSING

(Alphonse M. Schwitalla, S. J.)

A meeting of the Council on Nursing Education of the United States, as well as of the committee of examiners and the commitee on institutional counseling, was held at the St. Louis University School of Medicine on Saturday and Sunday, February 6 and 7. All the members of the council and the various committees, except one, were present.

A. THE EVALUATION PROGRAM

The first order of business was the discussion of the present status of the evaluation program. Due to the prolonged illness of the director and the many difficulties arising from war conditions, progress in the evaluation program has been somewhat delayed. Nevertheless, in certain areas noteworthy advances have taken place. As a result of the discussions, it was determined as follows:

1. That the council continue its visiting program, particularly of those schools which for one reason or another were omitted from the first list published in January 1942.

2. That the new schools which have applied for evaluation should be visited as soon as possible.

3. That the counseling service to certain schools be undertaken immediately.

In accordance with these decisions, the council developed its plans for visits to approximately 30 schools which are to be visited by the five Sister examiners during the months of February and March. Plans were also made for contacting the schools which had requested the services of the committee on institutional counseling.

B. THE NEED FOR INCREASING THE NUMBER OF NURSES

It was pointed out that the estimated number of registered nurses available by next October will total approximately 273,907 nurses. Estimating the number needed for military service to be about 60,000, there will be left for civilian needs a total of 213,907 nurses. The civilian needs are considerably in excess of this number. The general hospitals in the country, with a daily average of 500,000 patients and a nursing need of 1 nurse for 2.4 patients—that is, 7.2 patients per nurse at any one time—need 208,000 nurses. The mental hospitals, with a daily average census of 603,179 patients, will need 8,000 nurses, using the present nursing service standards. Tuberculosis hospitals, with a daily average of 70,577 patients, will need 7,000 nurses. Thirty thousand nurses are on private duty, 25,000 are engaged in public health work, and 12,000 in industrial nursing. The total civilian need is thus estimated to be 290,000, leaving a nursing personnel deficit of needed but nonavailable nurses of 76,000.

To meet this need there must be found 114,000 student nurses, assuming that 3 student nurses are approximately equal in their utilization to 2 graduate nurses. It is estimated that in November 1942 there were 110,000 student nurses in our schools. Allowing for the usual defections of 30 percent each year, that is, approximately 33,000, and for the number who will graduate before next October, approximately 26,000, there will be in the schools of nursing before the fall classes are admitted about 51,000 student nurses. Since 114,000 student nurses are required to meet the civilian needs, as pointed out above, and since there will be 51,000 in the schools, there is a student nurse deficit of 63,000 student nurses. Basing the estimate upon previous experience, a total of 84,000 student nurses must be admitted in order to meet this civilian student nurse deficit. The gravity of the situation is apparent to anyone who gives serious study to these statistics. The council on nursing education, after extensive discussion, adopted the following resolution:

"INCREASE IN THE NUMBER OF STUDENT NURSES

"Whereas the council on nursing education and the committee of examiners and the committee on institutional counseling of the Catholic Hospital Association are deeply impressed with the recently compiled statistics concerning the national

need of an increase in the number of student nurses, it is hereby unanimously resolved as follows:

"1. That all the Catholic schools of nursing are hereby strongly urged to intensify their recruitment activities. To this end the council and these committees suggest:

"(*a*) The development of close relationships between the Catholic schools of nursing and the high schools in each locality;

"(*b*) The scheduling of recruitment addresses to the students of both the Catholic and non-Catholic high schools of each locality by representatives of the Catholic schools of nursing;

"(*c*) The development of vocational conferences in which a representative of the school of nursing will interview and encourage prospective applicants for admission to the school of nursing;

"(*d*) The participation by the authorities of the school of nursing in Career Week, Vocation Week, and similar activities of their local high schools, and the further development of entertainments and receptions to high-school seniors by the schools of nursing, invitations to high-school seniors to attending capping exercises being regarded as one of the more effective procedures;

"(*e*) The distribution of vocational literature, the offering of movies, and frequent contacts between high-school seniors with the Sister officials of the school of nursing, as well as with graduate and student lay nurses.

"2. That the temptation to weaken or relent in the processes of selecting students in order to increase enrollment may defeat its own purpose as such procedures may result in increasing student mortality.

"3. That the admission of more than one class a year by each school should be encouraged for the period of the emergency, provided that too great a disparity in numbers be not allowed to develop between the various classes of each session, and provided further that the school assure itself of its competence to offer as sound an educational program to subsequent classes as it offers to the first class of each session.

"4. That the development of relationships for strengthening the educational program of the school of nursing between the Catholic schools of nursing and Catholic women's colleges be fostered and greatly encouraged.

"5. That for the duration of the war the admission of married applicants and the retention in the school of students who marry during their attendance at school be considered on an individual basis without prejudice, however, to the applicant or the student by reason of her marital status.

"6. That the admission practices of schools of nursing and the regulations governing admission to schools of nursing of the State boards be harmonized with the present emergency admission practice of our colleges, particularly with reference to the level of high-school achievement from which the student may be admitted to the school of nursing, thus lowering to a prudent extent the age of admission.

"7. That this council and its committees view with particular concern as affecting enrollments in our schools of nursing the gap between the high-school program and the admission to the school of nursing.

"8. That this council and its committees recommend to the schools the exercise of the utmost caution in the readmission to the school of previously discharged students, a policy which in general is opposed to sound educational procedure, but which in particular cases may still salvage a desirable nurse and retain her services in the profession of nursing."

This resolution gives evidence of the serious attitude which the council on nursing education has adopted toward the problem of student need. All our Catholic schools of nursing are urgently and insistently requested by the council to put into practice as many of the recommendations contained in this resolution as possible. It is recognized that several recommendations are here made which must be looked upon as definite responses to the emergency. If it is borne in mind, however, that our first concern at the present time cannot but be to aid to the fullest extent in our power in the war effort, these concessions in educational procedure are amply justified.

The recommendations concerning recruitment procedures will probably appeal to all nursing-school administrators and will be relatively easy of execution. The great interest which has been created in the problem of the supply of nurses in our press, in public utterances, and in school activities will make it relatively a simple matter to intensify the promotional and recruiting activities of our Catholic schools. Our Sister administrators might even suggest that from time to time as occasion may offer, the members of the reverend clergy be asked to

interest themselves actively in the matter of calling the attention of our high-school graduates to the needs of the nursing profession and to the great opportunity which nursing offers of giving valuable aid to humanity in this hour of the world's great need.

Considerable discussion was centered in the problem of maintaining professional standards under the pressures of the day. The temptation is great to relent in selection procedures when the need for increasing enrollments is so urgent. Perhaps it is precisely on this point that the wisdom of the school administrator will be chiefly taxed. It was pointed out that the emphasis in recruitment procedures should be primarily upon increasing the number of applicants than upon increasing the number of registrants in the school. If the number of registrants is increased at the sacrifice of excellence in the applicant, we may be sacrificing not only professional standards but we may do actual harm in the deterioration in the health care which may result.

Particular emphasis was laid by the council on the closer relationships between Catholic schools of nursing and the high schools in each locality. If, moreover, an even better understanding can be secured between the Catholic high schools and the Catholic schools of nursing conducted by the same sisterhoods, it would seem that much might be done to increase enrollment.

The council gave considerable time to a review of the question of the admission of married applicants and the retention in the school of students who marry during their school years. The implications in making a recommendation were fully realized. It was thought best to recommend to our Catholic schools that each instance should be dealt with on an individual basis but that the marital status of the student nurse, as such, should not be regarded as prejudicial to the admission to or retention in the school of the student nurse.

Another problem which engaged the council for a considerable period of time was the procedures which should be followed by the schools of nursing to obviate the loss of interest of possible applicants during the period between the ending of the high school and the opening date of the school of nursing. While no single recommendation was made with reference to this period, it is still recommended that each school of nursing should familiarize itself with the graduation dates or closing dates of the high schools in its locality. In some instances the time gap will be found to be very short, so that virtually no problem exists. In other instances the time gap may be a prolonged one, even 3 to 6 months. In those cases, it will be difficult to sustain the interest of a potential applicant for the school unless the school of nursing devise a special program. It was suggested, for example, that the use of accepted applicants in the nurse-aide program might meet the need in many localities. In other places, the accepted applicant for the school of nursing might be given temporary employment as a clerk, for example, on a part-time or even a full-time salary. The important thing obviously is to keep the accepted applicant interested in the profession of nursing and in the school that has accepted her.

While the council fully realized the importance of securing for the profession as many well-qualified nurses as possible, it nevertheless, adopted a cautious attitude toward the readmission to the school of previously discharged students. Needless to say, if the discharge took place for technical or formal reasons, there can be no serious objection to the readmission of a previously discharged student, especially if ample guarantees are given by her concerning the sincerity of her intentions. To admit discharged students, however, whose discharge was based upon more serious reasons, is a procedure which the school should employ only with the greatest possible caution.

C. THE VICTORY STUDENT NURSE CORPS

The second question to which the council on nursing education and its committees devoted the larger part of their attention during their sessions was the Victory Student Nurse Corps. The basis of the discussion was the following statement released on December 28, 1942, as a suggested plan for a Student Nurse Reserve to be administered by the United States Public Health Service.

"Purpose of the plan.

"1. To aid in the recruitment of well-qualified women for schools of nursing in order to meet the increasing needs of the Army and Navy for graduate nurses. The competition for womanpower is becoming very acute. War industries and the women's auxiliary military services are attracting large numbers of the women needed in nursing. This plan will provide financial assistance to the student

throughout her training period and in addition will give recognition to the student nurse as one who has been summoned by the Government for essential wartime service.

"2. To provide a pool of "cadet" nurses (third-year students) who may be employed by governmental and civilian hospitals to replace the large number of paid general staff nurses who have gone or will go to war. Acute shortages in the number of graduate nurses available for general staff nursing are evident in all of the coastal States and in many inland industrial centers. In the event of enemy action or a severe epidemic the civilian nurse shortage will be increasingly critical.

"3. To enable the third-year students (who will be known as cadet nurses) to vacate the dormitory facilities in order to meet the housing shortage which is one of the most serious handicaps to a further expansion of our schools of nursing.

"4. To increase clinical facilities for student practice by assigning a proportion of the third-year students (cadet nurses) to governmental or civilian institutions not now operating schools of nursing.

"*Requirements for participation.*

"All schools of nursing which meet the requirements outlined in the Regulations of the Surgeon General, Training for Nurses (national defense), may participate in the plan. Any student who enrolled in one of these schools after January 1, 1941, may elect to become a member of the Victory Nurse Corps. It is conceivable that every student entering a school next year might elect to join the corps, but enrollment in the corps should be voluntary and any school might have a percentage of its students who preferred to pay their own way.

"Each student applicant must agree to serve wherever needed throughout the year. As evidence that she is in training for war service with the military forces, the war industries, civilian hospitals, and agencies in wartime, she shall be authorized to wear an appropriate insigne on the left sleeve during her period of training. The arm band will bear the insigne of the corps and will designate her class rank.

"The schools wishing to participate in this plan must make some adjustment in their curricula which is in accord with the suggestions for acceleration made by the subcommittee on nursing of the health and medical committee, Office of Defense Health and Welfare Services, and the National Nursing Council for War Service. These are:

"1. A curriculum which provides that all required courses shall be completed in 24 months and the entire next year shall be devoted to supervised experience in the home hospital or in an affiliating institution.

"2. A curriculum in which all required courses shall be completed in 30 months. The next 6 months will consist of supervised clinical experience during which time the student will be paid a salary by the institution utilizing her services.

"Schools offering either curriculum may participate in the Victory Nurse Corps plan. Schools will have authority for selection, promotion, and graduation of students according to their own policies.

"*Description of plan for the 24-month curriculum.*

"1. During the first year of training students enrolled in the Victory Nurse Corps will receive complete maintenance (including laundry), scholarships (including tuition and other fees), and $20 per month for personal expenses. During this period the students shall be known as members of the Victory Nurse Corps—Junior Grage (VNC–j. g.) and shall wear the appropriate insigne on the left sleeve.

"2. During the second year the students will receive complete maintenance, tuition, and a monthly stipend of $20 for personal expenses. During this period they shall wear the insignia of the Victory Nurse Corps—Senior Grade (VNC—s. g.)

"3. Upon completition of the second year the students (cadet nurses) will be employed by the home hospital, an affiliated civilian hospital, or a military hospital within the confines of the United States, or other Federal hospital. These hospitals must provide supervised practice acceptable to the school of nursing and the State board of nurse examiners as a satisfactory educational experience.

"During this year these cadet nurses will be paid at three-quarters of the prevailing rate for general staff nurses by the institutions utilizing their services. The insignia for this year will be VNC–CN (Victory Nurse Corps–Cadet Nurse).

"4. Under this plan, the participating schools may expect from the Public Health Service:

"(*a*) Funds for scholarships including tuition and other fees for any or all members of the Victory Nurse Corps. Schools which do not charge tuition or whose tuition is inadequate to cover instructional costs should adjust these charges prior to applying for Federal funds.

"(*b*) Reimbursement for maintenance of all members of the corps for the first 12 months. In the past reimbursement for maintenance has been limited to 6 months, but in an accelerated program of this type, it is recognized that the student service to the hospital will be extremely limited while the expenses connected with this accelerated program will be greater.

"(*c*) Stipends for all members of the corps for the first 2 years. (Salaries for the cadet nurses will be paid by the institutions or agencies utilizing their services.)

"*Description of plan for the 30-month curriculum.*

"1. During the first year students will receive complete maintenance (including laundry), scholarships (including tuition and other fees), and $20 per month for personal expenses. During this period the students shall be known as members of the Victory Nurse Corps—Junior Grade (VNC—j. g.) and shall wear the appropriate insignia on the left sleeve.

"2. During the second year and during the first 6 months of the third year the students will receive complete maintenance, tuition, and a monthly stipend of $20 for personal expenses. During this entire 18-month period the students shall be known as members of the Victory Nurse Corps—Senior Grade (VNC—s. g.) and they shall wear the appropriate insignia.

"3. Upon completion of the 30-month curriculum, the students (cadet nurses) will be employed by the home hospital, and affiliated civilian hospital, a military hospital within the confines of the United States, or other Federal hospital. These hospitals must provide supervised practice acceptable to the school of nursing and the State board of nurse examiners as a satisfactory educational experience. During this 6 months' period, the cadet nurses will be paid at three-quarters of the prevailing rate for general staff nurses by the institutions utilizing their services. The insignia for this period will be VNC–CN (Victory Nurse Corps—Cadet Nurse).

"4. Under this plan the schools of nursing may expect from the Public Health Service:

"(*a*) Funds for scholarships including tuition and other fees for any or all members of the Victory Nurse Corps. Schools which do not charge tuition or whose tuition is inadequate to cover instructional costs should adjust these charges prior to applying for Federal funds.

"(*b*) Reimbursement for the maintenance of all members of the corps for the first 6 months.

"(*c*) Stipends for all members of the corps for the first 30 months (salaries for cadet nurses will be paid by the institutions or agencies utilizing their services).

"*Graduate status.*

"Upon completion of the cadet year and registration in their respective States, the nurses either will enter the armed forces with the full rank and pay of a second lieutenant or ensign, or will be assigned by the appropriate government agency to civilian nursing services essential to the war effort.

"A smart street uniform shall be worn by students enrolling in the Victory Nurse Corps."

The objectives of the plan as suggested by the United States Public Health Service were accepted without much question or criticism. The difficulties in the recruitment of nurses were recognized. The influence upon recruitment of nurses of the competition with Army and Navy units open to young women was regarded as a serious obstacle in the recruitment procedures. The salaries offered to young women at the present time by industry both in civilian and in defense operations were also regarded as influencing nurse recruitment. Any plan, therefore, which could meet on the one hand the urge of the young women toward auxiliary military service and on the other hand provide her financial assistance would seem to increase the effectiveness of the appeal for nursing service.

It is recognized also that there must be available within as short a period of time as possible a pool of nurses from which the needed personnel could be drawn

by both governmental and civilian agencies to meet whatever emergencies might arise. In some sections of the country, particularly in the coastal States, the need of graduate nurses has become critical. If this is true of present-day conditions, it is apt to become still more true in the case of foreseeable results of enemy action or in case of epidemics. It is also recognized that in order to give experience opportunities to such large additional numbers of nurses as are demanded at present, more hospitals could well be used, more supervisors must be appointed, and more faculty members of our schools must be enlisted in educational activity than is the case at present.

In view of the recognized validity of the objectives of the Victory Nurse Corps program, the council on nursing education and its committees expressed themselves as heartily endorsing the program and as being eager to urge all the Catholic schools to lend their cooperation with the undertaking to the very best of their ability. The council, therefore, and its committees pledge their own support to the undertaking and will labor to assist Catholic institutions in the development of their respective programs. Endorsement was also given to the following:

(*a*) The voluntary character of the plan enabling schools to enroll both Victory nurse and civilian nurse students.

(*b*) The provision that the Victory nurse must agree to serve wherever needed for the duration of the war.

(*c*) The development of appropriate insignia to be worn with the nurse's uniform while on duty and of an appropriate uniform to be used when not on duty.

(*d*) The provision that schools should continue responsible for the selection, promotion, and graduation of students according to their own policies.

The council gave extensive consideration to details of the curriculum, basing its study upon Bulletin No. 1, November 19, 1942, of the National League of Nursing Education. The adjustments proposed in the general plan of courses for the accelerated program were in general deemed feasible and wise. It was pointed out, however, that in details schools could be encouraged rather to make their own individual adjustments than to conform to a general or preestablished pattern. The questions were faced with complete sincerity:

(*a*) Whether the clinical preparation ofthe nurse can be reduced to the extent demanded by the 24-month program without serious impairment of professional development and

(*b*) Whether the necessary separation between theoretical instruction and more limited clinical experience could be educationally justified.

It is recognized that the "apprenticeship" year should give to the cadet nurse a broad outlook which can be made more educationally valuable by the strong motivations arising out of nursing practice in wartime. On the other hand, the fear was quite generally expressed that such disassociated clinical experience would be very difficult to supervise, and would necessitate the introduction of effective educational safeguards. Under competent direction, the accelerated programs should prove not too serious a detriment to the professional development of the student nurse.

The evaluation of the advantages and disadvantages of the 30-month and the 24-month programs demands an understanding not merely of the broad aspects of professional education in nursing, but particularly an understanding of local conditions in each school. The determining factor in the choice between the two programs in any particular situation was thought to be the character of the student body. Susceptibility of the student nurse to intensified direction and to high motivation and capacity for reacting cooperatively with such direction would, of course, make it possible for a school to concentrate its teaching program into a relatively shorter period of time than any which has been thus far suggested. On the other hand, it was thought that the 24-month program should be accepted as a national program, though it was fully recognized that a 30-month program is educationally more defensible. In view of the urgency in the need of nurses, however, it was thought best to recognize existing conditions and to attach serious weight to the presentation of the national need which has been made by the subcommittee on nursing.

Finally, much attention was given to the ability of the hospital to pay part-time salaries to the cadet nurse. During the apprenticeship year it was thought wise to keep this question open not merely because the burden of such payment for some hospitals might be an intolerable one, but also because it was feared that the educational value of this year of clinical experience might suffer through such payment.

The council was of the opinion that the Victory Nurse Corps program demands some form of aid to students and schools to achieve the purposes for which it is being developed. Funds must be provided for scholarships including tuition payments and the payment of fees for all the members of the corps. Provision must also be made for maintenance costs, so that the hospital may not be burdened with the obligation of maintaining its students during the period when it can receive from them no compensating service. The conclusions of the council and its committees were embodied in the following resolution:

"THE VICTORY STUDENT NURSE CORPS

"Whereas the planning of the Victory Student Nurse Corps represents an achievement of the combined wisdom of official nurse groups in response to the national need of nurses for both military and civil purposes in the present war emergency; and

"Whereas this plan in the mind of all those responsible for it gives well-founded hope of effectively achieving the purposes for which it was planned; and

"Whereas the Council on Nursing Education of the Catholic Hospital Association with its committee of examiners and its committee on institutional counseling has carefully studied the plan and has convinced itself of the plan's adaptability to the promoting of national purposes in our Catholic schools of nursing: Therefore be it unanimously

"*Resolved by the Council on Nursing Education of the Catholic Hospital Association and by the committee of examiners and the committee on institutional counseling* as follows:

"1. That the plan as now proposed for the effective organization of the Victory Student Nurse Corps be endorsed in its principles.

"2. That the same plan be endorsed as a practical program in the emergency even though it is recognized that it may carry with it certain educational and professional disadvantages to our schools of nursing.

"3. That the difficulties which may be encountered in introducing the program are to be regarded as relatively unimportant in the face of the emergency which the program was designed to meet.

"4. That with reference to the two plans; that is, the basic professional curriculum extending through 24 or through 30 months, this council and its committees recognize that the 24-month plan will favor the recruitment of nurses, will offer more effective and speedy help in the national emergency to both the military and the civilian interests, and will prove more immediately effective in accelerating the progress of the student nurse toward professional usefulness, while the 30-month plan represents a minimal concession to the emergency as compared with present standards, guarantees a safer educational procedure and will demand fewer compromises with existing legislation and the policies of State boards.

"5. That while it encourages the Catholic schools of nursing to adopt one or the other of these plans as each school may deem proper and practical, and while it recognizes that the conflict between educational considerations and the Nation's need are probably to some extent inevitable, nevertheless, it recommends to the Catholic schools of nursing the adoption of the 24-month program to increase the contribution of nursing education and nursing to the war effort.

"6. That this recommendation is hereby made with the approval of the principle which permeates American life today, that the winning of the war is our first concern, and that therefore, the partial sacrifice of the individual's professional development is a justifiable sacrifice in the face of the national need.

"7. That this council and its committees have assured themselves that effective educational influences can be introduced into the third, that is, the apprenticeship year, of the student's basic professional curriculum, such as seminars, conferences, journal clubs, clinical conferences, and similar educational helps, and that thus many of the disadvantages otherwise resulting from premature professional practice can be successfully forestalled.

"8. That the schools should be urged to make the necessary curricular adjustments for the 24-month program only after the most careful consideration and with the advice of competent consultors, thus to achieve to the fullest practical extent the purposes for which the program was instituted.

"9. That the Catholic schools of nursing are insistently urged to remit in no way in the accelerated program their emphasis upon their teaching of religion and their religious practice; rather to strengthen their teaching of religion and to intensify their religious practice at this time when sound and supernatural

attitudes toward life are so indispensable in meeting the needs of the world and in protecting the ideals of a liberty-loving civilization.

"10. That finally the difference in educational effectiveness between the two plans, great as they are, do not seem to justify deferral of service to the country for a period of 6 months on the part of approximately 27,000 nurses annually."

D. COOPERATION WITH THE NURSE RELOCATION NURSING SERVICE

A third topic on which the council on nursing education and its committees formulated a resolution to be sent to the Catholic schools of nursing was Cooperation with the Nurse Relocation Nursing Service. The problems of the relocation service were discussed with great sympathy and understanding. The objectives and efforts of the relocation service were viewed with commendation and were thought to merit the endorsement of all persons interested in the final objectives of our present war. On the other hand, no prudent person, so it was thought, could be unmindful of the serious problems which may arise in certain sections of the country and in particular schools from the presence of relocated nursing students. It was thought, however, that with prudent and intelligent sympathy many of these problems might readily be made to vanish. With diplomacy and with tact, no less than with Christian charity, opportunities can well be developed in some of our schools which would enable these student nurses to make a really valuable contribution to that post-war international understanding for which, after all, we are making such indescribably great sacrifices. Accordingly, the following resolution was adopted:

"Whereas the present plight of the relocated student nurses who are loyal American citizens and who by reason of military necessity are confined in relocation centers deprives these citizens of certain opportunities for education; and

"Whereas among these American citizens of foreign parentage it is reported that there are students of nursing who have partly completed their professional educational preparation: Therefore be it hereby unanimously

"*Resolved*—

"1. That this council and its committees endorse the efforts of the recruitment committee of the nursing war council relative to these student nurses;

"2. That it encourage those of our schools which are located in areas in which such a practice is possible, to accept these students as transfer students from their former schools of nursing even though such acceptance be not in accord with the previously developed policies governing transfer students;

"3. That the personal problems of these students, if they are accepted by a particular school, be given intensified attention with special reference to their spiritual and religious interests."

The CHAIRMAN. Thank you, Mr. Butler.

Mr. BUTLER. Thank you, sir.

The CHAIRMAN. Sister M. Olivia Gowan, please.

STATEMENT OF SISTER M. OLIVIA GOWAN, PRESIDENT, ASSOCIATION OF COLLEGIATE SCHOOLS OF NURSING, AND DEAN OF THE SCHOOL OF NURSING EDUCATION, THE CATHOLIC UNIVERSITY OF AMERICA, WASHINGTON, D. C.

Sister OLIVIA. Sister M. Olivia Gowan, president of the Association of Collegiate Schools of Nursing, and dean of the School of Nursing Education, Catholic University, Washington, D. C.

I have a very short statement, because our association stands back of all that has been said in the previous testimony.

The Association of Collegiate Schools of Nursing is an organization composed of 31 colleges and universities conducting schools or departments of nursing. It educates on a college level young women for the general practice of nursing and graduate nurses for teaching, public-health nursing, and administration of schools and nursing services. There are approximately 10,000 students enrolled in the collegiate programs.

This association recognizes—

That there is an acute shortage of nurses for the supply of nurses necessary to the military and civilian populations;

That more graduate nurses must become available to the armed forces; and

That schools of nursing have found it necessary to accelerate their curricula so that students may become available to the military hospitals, public health agencies, war industrial plants, and hospitals that in the past have depended upon graduate nurse service.

Furthermore, hospitals conducting schools of nursing are rapidly becoming dependent on student nurses to nurse their patients and

That the competition to secure young women in the age groups from which nurses have been recruited is daily becoming more acute.

Therefore, the Association of Collegiate Schools of Nursing recognizes that schools of nursing are no longer able to carry the responsibility of meeting this wartime supply of nurse power, and endorses bill S. 983.

It wasn't possible to hold a meeting of the association, but I have telegrams from a majority of the schools in this association.

The CHAIRMAN. We would like to have the telegrams in the record, Sister.

Sister OLIVIA. Yes.

(The telegrams referred to are as follows:)

MINNEAPOLIS, MINN., *May 5, 1943.*

Sister OLIVIA:
Catholic University Department of Nursing,
Washington, D. C.

Hospital superintendent, dean of medical sciences, and director and faculty, school of nursing, all approve student nurse bill, though it has not been possible to take up the bill with university administration. Please notify Houpt.

KATHARNE J. DENSFORD.

NEW HAVEN, CONN., *May 4, 1943.*

Sister OLIVIA:
Dean, Catholic University Department of Nursing.

Am personally favorable to association collegiate schools supporting bill.

EFFIE J. TAYLOR.

HELENA, MONT., *May 4, 1943.*

Sister M. OLIVIA:
President, Association of Collegiate Schools of Nursing,
Catholic University, Washington, D. C.

University of Cincinnati College of Nursing and Health approves and supports nurse bill S. 983.

HELEN G. SCHWARZ.

BROOKLINE, MASS., *May 3, 1943.*

Sister M. OLIVIA,
Catholic University,
Washington, D. C.:

Approve bill 983 but have taken no action.

HELEN WOOD.

DETROIT, MICH., *May 3, 1943.*

Sister M. OLIVIA GOWANS,
Catholic University of America,
Washington, D. C.:

Wayne University now cooperating with Detroit and Michigan nursing schools in Federal programs and will continue programs according to terms of legisla-

tion and needs of nursing schools. We feel Federal aid absolutely essential to recruitment of numbers of student nurses needed.

ELEANOR KING,
Department of Nursing, Wayne University.

DULUTH, MINN., *May 3, 1943.*

Sister OLIVIA,
Department of Nursing, Catholic University,
Washington, D. C.:

In favor if you think it advisable.

SISTER MONA.

CLEVELAND, OHIO, *May 3, 1943.*

Sister M. OLIVIA,
Catholic University of America,
Washington, D. C.:

School will cooperate with bill S. 983.

MARION G. HOWELL.

NASHVILLE, TENN., *May 3, 1943.*

Sister M. OLIVIA GOWAN,
President, Association of Collegiate Schools of Nursing,
Catholic University of America:

Consider passage student nurse bill, S. 983, imperative in light of war needs.

AURELIA B. POTTS,
Director, Division of Nursing Education, Peabody College, and Secretary, Association of Collegiate Schools of Nursing.

NEW YORK, N. Y., *May 3, 1943.*

Sister M. OLIVIA GOWAN,
President, Association of Collegiate Schools of Nursing,
Catholic University, Washington, D. C.:

Faculty nursing, education division, Teachers College, Columbia University, endorses student nurse bill.

ISABEL M. STEWART, *Director.*

ANN ARBOR, MICH., *May 3, 1943.*

SISTER M. OLIVIA,
Catholic University, Washington, D. C.:

University of Michigan School of Nursing approves of student nurse bill, S. 983, as it has been presented.

RHODA F. REDDIG.

ST. LOUIS, MO., *May 3, 1943.*

SISTER M. OLIVIA,
President, Association Collegiate Schools of Nursing,
Catholic University of America, Washington, D. C.:

Unqualified approval of student nurse bill with urgent request in the interest of national welfare that it be passed without delay. This school sees no other way by which present needs in nursing can be met.

Sister MARY GERALDINE,
Executive Dean.

MILWAUKEE, WIS., *May 3, 1943.*

SISTER M. OLIVIA,
Catholic University, Washington, D. C.:

Marquette University College of Nursing indorses proposed student nurse bill.

Sister M. AUGUSTA.

PITTSBURGH, PA., *May 3, 1943.*

SISTER M. OLIVIA,
Catholic University, Washington, D. C.:

Have wired Senators Guffey, Davis, and Bailey our interests in the passage of nurse bill, S. 983.

MARY W. TOBIN,
Dean, Duquesne University School of Nursing.

ROCHESTER, N. Y., *May 3, 1943.*

Sister M. OLIVIA,
Catholic University, Washington, D. C.:

No copy bill sent this school. Presume this refers to student war nursing reserve. This school of nursing will not oppose the bill.

CLARE DENNISON.

NASHVILLE, TENN., *May 3, 1943.*

Sister M. OLIVIA,
Catholic University, Washington, D. C.:

Consider passage Senate bill S. 983 imperative if wartime need for nurses is to be met. Will wire Senators directly if you send names and wish this.

FRANCES HELEN ZEIGLER,
Dean, School of Nursing, Vanderbilt University.

SYRACUSE, N. Y., *May 3, 1943.*

Sister OLIVIA,
Catholic University, Washington, D. C.:

Student nurse bill, S. 983, indorsed by Dean Weiskotten and me.

EILEEN BUELL,
Director, Public Health Nursing.

CHICAGO, ILL., *May 3, 1943.*

Sister M. OLIVIA,
Catholic University, Washington, D. C.:

Approve nurse bill if suggested amendment incorporated.

NELLIE X. HAWKINSON,
Department of Nursing Education, University of California.

CHICAGO, ILL., *May 3, 1943.*

Sister OLIVIA,
Catholic University, Washington, D. C.:

Approve student nurse bill, S. 983, provided amendments are adopted.

Sister MARY THERESE.

SEATTLE, WASH., *May 3, 1943.*

Sister M. OLIVIA,
Catholic University, Washington, D. C.:

Approve bill. Will participate in program if passed. Can consideration be given to aid for students in preliminary university program?

ELIZABETH S. SOULE.

Senator ELLENDER. Sister, may I ask a few questions, please?

Sister OLIVIA. Certainly.

Senator ELLENDER. Are you connected in anywise with a nursing school in Washington?

Sister OLIVIA. Yes; I am.

Senator ELLENDER. How much pay, if any, does a student nurse receive from the institution with which you are familiar?

Sister OLIVIA. The school that I am connected with charges tuition for the education of the nurse. That is the Providence division of the Catholic University School, in the Providence Hospital here.

Senator ELLENDER. Does the student have to furnish her own clothing and must she pay for board at the hospital?

Sister OLIVIA. In the college program, the student pays for her full tuition, her board, and all her necessary fees, books, and so on, at the university, and during the clinical period she pays further tuition, which is small—it amounts to about $150—and the hospital furnishes her with board and room.

Senator ELLENDER. Well, does she perform any services to the hospital?

Sister OLIVIA. Yes, certainly.

Senator ELLENDER. And for that service she gets board and lodging?

Sister OLIVIA. Yes. In learning, the student gives patient care and that in turn pays. It is a work arrangement.

Senator ELLENDER. Would you be able to tell us what the cost of tuition and other costs that must be paid by the student nurse amount to per year?

Sister OLIVIA. It amounts to about — per year?

Senator ELLENDER. Or per month.

Sister OLIVIA. I am afraid I don't have that. You mean in the clinical period?

Senator ELLENDER. Yes.

Sister OLIVIA. The total cost for the collegiate program is about $2,200.

Senator ELLENDER. I just wanted to get into the record, if possible, these facts. So far as I understand, there are 49,000 student nurses that are now taking training?

Sister OLIVIA. That came in last year.

Miss FAVILLE. 100,000 altogether.

Senator ELLENDER. I wonder if it would be possible to determine how many of these don't have to pay any tuition, don't have to pay for their uniform, but get training in return for the services rendered to the hospital, or whatever institution they are connected with?

Sister OLIVIA. I think that would be possible, but I don't think I am the one to give you the figure. I think there must be somebody else in the group who would give it.

The CHAIRMAN. We had those figures given to us yesterday by one of the nurses' associations.

Sister OLIVIA. I would be willing to say that it is probably costing a student in the Providence division, that I know most about, about $400, not costing the student, the total cost, the cost of the instruction is $400 for board and room and tuition.

Senator ELLENDER. Under this bill, as I understand it, the Government would be required to put up sufficient money to train not only these career nurses but all that may come in because of this incentive.

Sister OLIVIA. I could say this, Senator, which may help you: The director of the Providence division, who is mainly responsible for this in our schools, is very much concerned about the amount of money, because we don't think that it will pay entirely what it is costing to educate our students now.

Senator ELLENDER. Well, of course, that is where they are getting a college training, but what I had in mind in particular were the hospitals throughout the country that are now begging, as it were, for student nurses in order to help them during this emergency. I do know that quite a few hospitals throughout the country are now short of nurses; they have left the hospitals and have gone to other fields, and you can't blame them for that. But I am informed that quite a few hospitals even go so far as to pay some of the student nurses during training. Of course, that is all due to the shortage.

Sister OLIVIA. Somebody just handed me a book entitled "Facts About Nursing, 1942." It is published by the nursing information

bureau of the American Nurses' Association. It states here that the median tuition fee charged in 1939 was $75, and that in 1939, 38 percent of the schools paid allowances to students.

Senator ELLENDER. Now, the point that I desire to make, of course, is that if this bill is enacted and it is carried out to its full intent, it will mean that all of these career nurses that are now willing and able to pay for their uniforms and pay for their tuition, and other expenses, will, of course, get the same stipend and the same everything else as those who wouldn't come except for the things that are being furnished to her.

Sister OLIVIA. I think that is true.

Senator ELLENDER. As I figure it out here, it would cost as much as $400 per year for each nurse——

Sister OLIVIA. That is a collegiate program.

Senator ELLENDER. But I understood that the information given to us a while ago, and if I am wrong I would like to know it, is that for the 3-year course it would cost about $1,200, or $400 per year; and if you need as many as 65,000, as has been said here, that means that it would cost the Government in the neighborhood of $25,000,000 to $26,000,000.

Now, the question may come up, Senator Thomas, as to those who are able to pay, and I am just wondering if we should make a difference between those who are able to pay and who want to make a career out of nursing, and those that would come in because of the war emergency? In other words, I think it would probably have a better chance of going through the Senate if the amount involved were maybe a little less than what you are asking for.

The CHAIRMAN. I thing we ought to consider that question in committee, Senator Ellender, when the time comes.

Senator ELLENDER. Well, what I wanted to do, Senator, was to develop those facts, if they are not already in the record. If they are all in the record, I am not going to ask any more questions. I am very sorry that I was unable to attend all these meetings. I am very much interested.

Mrs. BOLTON. Would you permit me to intrude myself at this point? I think we could clear the confusion in your mind, Senator.

There are comparatively few schools where the nurses can really cover their tuition. If there is a difference made between those who can pay and those who cannot, it immediately sets up a curious barrier; and in these days when there is such an increasing demand for girls everywhere, that is our vital problem today. And we are feeling very strongly that only by some way of meeting the competition with these other groups can we really get in not only the girls who can pay, but the vast number of girls who can't.

Senator ELLENDER. Well, now, this, of course, also comes into the picture: For instance, as I indicated awhile ago, you have a lot of hospitals that are vying with each other for student nurses.

Mrs. BOLTON. Yes, sir.

Senator ELLENDER. They are short of a nursing staff, and they are willing to take them in, teach them free of charge, and furnish them with their board and even tuition, in compensation for the work they perform in the hospitals.

Mrs. BOLTON. Yes, sir.

Senator ELLENDER. Now are we going to appropriate funds to pay these student nurses, and at the same time they will perform this service for these hospitals? What are the hospitals going to do for the services performed?

Mrs. BOLTON. May I suggest this, Senator. I think that there has been no real discussion of the amount involved in this bill, and I do know that Dr. Parran has submitted the statement that we assume that it will reach a sum of some $60,000,000 and possibly $70,000,000, depending upon the number of girls who agree, when they go into training, to sign on for these services. No girl who doesn't sign on for the services in the Government and the civilian services of Public Health, and so on, of course, is included in this, and it depends on how many there are.

There will be girls go into nursing who don't want to sign on, who will pay their way, still, and who will come into the group that you speak of.

I might suggest that Miss McIvor is here, and she has those figures, if they could be put into the record, if they are not already there. I think a good many of them you would find in the record already given you.

Senator ELLENDER. Of course, if they are already in the record; as I have just indicated I am truly sorry that I was unable to attend all these hearings——

Mrs. BOLTON. I haven't been here, either, so I am in the same boat.

Senator ELLENDER (continuing). Owing to other engagements.

But what I am trying to do is to put such facts in the record as to be able to answer questions if and when the bill comes on the Senate floor.

Mrs. BOLTON. I appreciate that.

Senator ELLENDER. And, of course, if we can devise some way so as to take care principally of this additional load because of the war, the possibility of the passage of the bill will be enhanced.

Mrs. BOLTON. Certainly; I am quite aware of that.

The CHAIRMAN. We appreciate your coming, Sister.

Sister OLIVIA. Thank you, Senator.

The CHAIRMAN. Dr. Paullin? [No response.]

Miss Anna D. Wolf, please.

STATEMENT OF MISS ANNA D. WOLF, DIRECTOR OF THE JOHNS HOPKINS HOSPITAL SCHOOL OF NURSING SERVICE, BALTIMORE

The CHAIRMAN. Miss Wolf, for the record will you state your name and your position?

Miss WOLF. Anna D. Wolf, director of the Johns Hopkins Hospital School of Nursing Service, Baltimore, Md.

As one of the schools of nursing, representing one of the schools of nursing and nursing services of the country, I should like to testify in favor of S. 983, particularly on the following points:

First, as one of the schools that saw the handwriting on the wall fairly early, because of the large distribution of our graduates all over the country, we began, in 1941, before Pearl Harbor, to increase the number of students whom we had in our school.

We furthermore decided to admit three classes a year in order that we could meet the ever-demanding call for nurses.

We also decided that we would make our matriculation requirements as reasonable as possible so that we could retain married women in the nursing school; and we would take in young women who would come in directly from high school, a bit younger than we ordinarily admit. Our admitting age is 20. We also have made exceptions as to the age over 30. So that we have made it possible for just as many women to come into the school as we can possibly accept on the basis of the credentials which they offer.

In 1942, with the fine publicity which was established by the National Nursing Council for War Service, and with the publicity which we, as a school, promoted, we were able to increase our students by over 100 percent over peacetime admissions.

We maintained a very careful evaluation of all credentials, because we feel, as a school, that this is no time to reduce the admission requirements as far as intelligence and capabilities of individuals are concerned.

Very heavy responsibilities are placed upon these young women as they go out from the schools, and we felt it was highly desirable to keep our group very well qualified.

It is very significant that in that group, that very large group of students admitted, we had over 30 percent of college graduates, and all except about 15 percent had had 1 or more years of college, which indicated a mature, well-qualified group of students, quite well selected.

There has been an evident decrease in the number of applications for the year 1943. We had, in 1942, support from the United States Federal services—the United States Public Health Service, I should say—and our students benefited from not only scholarship aid from that agency, but also through private sources, of which Miss Faville has spoken. It is very significant that in order to increase our student group in 1942 to more than 100 percent over what we ordinarily have, over 50 percent of those students required financial aid; and I should like to say that we have studied the requirements of financial aid of each student individually so that we know that they are needful of this help.

The financial aid has been limited to these students from $100 to $200. We have one or two students who have received private scholarships of $350.

I should like to answer a bit the question which was raised a moment ago regarding the cost of education of the student nurse.

In our own school, our students must pay out over $350 for the expenses which are incurred.

Senator ELLENDER. Per year?

Miss WOLF. That is for the 3-year program.

Senator ELLENDER. What is that for?

Miss WOLF. That is for tuition fees, uniforms, books, and educational supplies, and things of that sort.

In addition to that, we have to figure that the student must have at least a small stipend for spending money, and we tell the girls about $10 a month ought to be able to see them through on minor expenses. That brings the student's cost to go through such a school as ours to about $650, depending upon her own personal expenditures.

We have to remember that the girl's earning capacity through those 3 years has been entirely reduced, other than through the value she

receives from her educational work; that most of our students would be able to carry good jobs right now at around $150 a month or more—many of them come in from other positions, and could receive much more. So that actually the cost to the student is far higher than the actual money which she pays out to the school of nursing, and I would like that borne in mind, because that is part of this whole problem of securing students for schools.

Senator MURRAY. A large part of the training they receive is away from the bedside?

Miss WOLF. A great deal of the training is away from the bedside. There are classes held continuously through the 3-year program, which is a very important thing to remember, and faculties have to be appointed for that.

Senator MURRAY. That is at a considerable expense?

Miss WOLF. At a considerable expense to the institution.

The hospital, in the meantime, does pay the maintenance in full of the students while they are in the school of nursing, and it pays for medical care in case of illness, and that sort of thing.

In regard to the diminishing applications for the year, I think this is exceedingly important: We made a study of all applications and letters to the school for the first 4 months of this year, as compared with the first 4 months following Pearl Harbor, and we have found that we have only 78 percent of the applications to the school within those first 4 months, which I think is extremely significant, because our recruitment program has been far more accelerated during this past year than it was immediately after Pearl Harbor, although undoubtedly Pearl Harbor did much to increase the applications at that time.

A very significant factor is that the qualifications of our applicants at the moment, although they are very fine young women, are not showing as great maturity or anything like as high educational qualifications. In the first 4 months of 1942, in the applicants to our school, we had over 26 percent college graduates. This year we only have 15 percent, which shows that those college women are going off into other fields.

Now, that is an extremely serious thing in any school of nursing, where at the moment tremendous responsibilities are going to be placed upon those women immediately upon their graduation. It is highly important that we retain the facilities and the measures which will keep coming into our schools women of that caliber.

We are still receiving many requests for financial aid, and I have here a lot of notations from students, which I don't think are necessary for the file, but it is also significant that parents write in to us and cannot understand why our Government hasn't done something more to stimulate student recruitment through the offering of some such plan of a reserve as we have in this bill, S. 983.

I should like to speak for just a moment upon the subject of nursing service, because I happen to be in a position where I am fairly well acquainted with that in a large institution——

Senator ELLENDER (interposing). Before you go into that subject, would you mind answering a few questions?

Miss WOLF. I would be glad to, if I can.

Senator ELLENDER. Where is your institution located?

Miss WOLF. In Baltimore, Md.

Senator ELLENDER. How many students do you normally have?

Miss WOLF. We admitted, in 1940, 79 students; we admitted 195 students in 1942. We were working for 200 students this year, and we will not be able to get them unless we have something happen very soon.

Senator ELLENDER. Well, now, these 192 students—did they pay the regular tuition?

Miss WOLF. Every student had to pay all the requirements of the school, and they may have received financial aid. I said that 50 percent of our group had to have financial aid, which came through either public or private sources.

Senator ELLENDER. And that amount for each student as I understand it is $100 per year, or $300 for the entire course?

Miss WOLF. No; we figure on $250 for the first year, because that is where the bulk of our didactic training is, and $100 for the second and third years.

Senator ELLENDER. Now your school of course is operated in connection with a hospital, I presume?

Miss WOLF. The Johns Hopkins Hospital.

Senator ELLENDER. What does Johns Hopkins furnish to the students toward helping to pay the expenses of these girls?

Miss WOLF. These students are given their full maintenance from the day they are admitted to the school throughout the period up to their graduation, and in addition they are taken care of in case of illness.

Senator ELLENDER. When you say "full maintenance" what does that include?

Miss WOLF. That means room, board, and laundry.

Senator ELLENDER. It doesn't include——

Miss WOLF (interposing). And then of course the educational plan is made for them.

Senator ELLENDER. Now under this bill, if passed, Johns Hopkins could be paid for whatever service it renders to these students; is that right?

Miss WOLF. Well, Johns Hopkins wouldn't be paid; the student is being paid in this bill.

Senator ELLENDER. I mean that Johns Hopkins would be paid compensation for their board——

Miss WOLF (interposing). Only for a limited period of time, according to this bill. The bill states that the institution would be reimbursed for the first 9 months of maintenance for the student in the first year, and following that time the institution would have to carry all the expenses of maintenance. That is within the bill.

The CHAIRMAN. This is an incentive bill to drag the girls in?

Miss WOLF. Yes; quite. It really is not set up to subsidize the institutions and I do not believe that the institutions will be subsidized by it.

Senator MURRAY. In other words, you don't constitute a pressure group here trying to get something out of the Treasury?

Miss WOLF. No; we are here as a pressure group to try to get in more students to try to take care of our civilian needs and the needs of the military forces.

Senator ELLENDER. That isn't in my mind at all. All I am trying to do is to find out the extent to which Johns Hopkins will keep on doing what it now is doing for these student nurses. Certainly the hospital receives quite a lot from these student nurses?

Miss WOLF. You must remember that this bill allows for a so-called accelerated program whereby the senior students in their last 6 months may be assigned, if they are members of this corps, wherever they are most needed, which may be in some other civilian institution or in the military.

Therefore the institution does not receive very much service from that student after her first 9 months, which is a very concentrated period of training, during which period they get practically nothing from the student. That maintenance which the hospital receives for the students in this corps for the first 9 months——

Senator ELLENDER (interposing). Is it your view, then, that should this bill pass and you should work along the same lines that you are now working, that Johns Hopkins would not be paid anything out of this bill, that is, for the work that would be done by any of these student nurses?

Miss WOLF. I am afraid I don't quite get your question.

Senator ELLENDER. What I have in mind is this: I don't know whether or not you ladies are familiar with the way legislation is handled on the Senate floor, but quite a few questions are asked and sometimes if we don't have the answer at the proper time there may be a vote against the bill.

Now, the thing I had in mind was this: At the moment your students, the 192 students that you are now training, do bedside work at Johns Hopkins, don't they?

Miss WOLF For a period of time.

Senator ELLENDER. Now, for that service Johns Hopkins gives them their sustenance, that is, room and board?

Miss WOLF. Yes.

Senator ELLENDER. Now, will Johns Hopkins keep on doing that?

Miss WOLF. Yes.

Senator ELLENDER. Without compensation?

Miss WOLF. If this bill passes and students are admitted to our school under this bill, according to this measure, Johns Hopkins would receive maintenance for the first 9 months only for those students.

Senator ELLENDER. In other words, Johns Hopkins would receive——

Miss WOLF (interposing). Maintenance for the first 9 months.

Senator ELLENDER. And Johns Hopkins will also receive the services of these girls?

Miss WOLF. But for the first 9 months they receive practically no services from these girls as far as we are concerned. We count on very little service from them for the first 9 months. You must remember that the measure is up to increase the number of students——

Senator ELLENDER (interposing). It strikes me that Johns Hopkins, though, as well as any other hospital in the country, will certainly have to pay out of its treasury for the services that are now being performed by those girls for this 9 months' work?

Miss WOLF. They would not pay for the services by those girls. The Johns Hopkins Hospital would only take care of those students as

they are admitted to the school, but remember our admissions were from 79——

Senator ELLENDER (interposing). I don't know whether I have made myself plain or not.

Miss WOLF. The purpose of the bill, of course, is to increase the number of students. The benefit is to the student.

Senator ELLENDER. Let me ask you this: Does Johns Hopkins receive any benefit at all from these girls for the first 9 months that they are in the hospital?

Miss WOLF. I indicated that we charge tuition fees. Is that an answer? Do you mean benefit for services—benefit from the standpoint of service?

Senator ELLENDER. As I understand it, these young student nurses are trained in the hospital at Johns Hopkins?

Miss WOLF. Yes.

Senator ELLENDER. Does Johns Hopkins benefit by that?

Miss WOLF. Insofar as the amount of service which the students render at whatever period they begin their service.

Senator ELLENDER. And for that service Johns Hopkins gives this young lady board and a place to sleep; is that correct?

Miss WOLF. Yes.

Senator ELLENDER. Now, if this bill goes through, as I understand it, Johns Hopkins will get that service free of charge?

Miss FAVILLE. May I speak on that, please?

Senator ELLENDER. If you will.

Miss FAVILLE. The way it is now the students stay in the school for 3 years, and in the beginning when they come in they don't know very much about anything, and the instruction is very intensive in that first 9 months. So the hospital starts in boarding them from the time they come in, and they are not much of any good to them in the beginning.

Now, as they go along they get more and more proficient in skills and they are of more help to the hospital. Now, under normal times the last 6 months of training is the time when they will really pay back to the hospital, in work, the value of much of the board and room that they got in the beginning. But under your bill now that last 6 months the Government can assign them to military hospitals, to Veterans' Bureau hospitals, or wherever they are most needed. So the hospital probably will not break even under the new plan because they will be available for outside assignment during the period that they would be most useful to the hospital.

Senator ELLENDER. Because of the Government being able to transfer this girl for the last 6 months?

Miss FAVILLE. Yes. You haven't read the bill right, Senator; excuse me.

Senator ELLENDER. That is all right. I don't claim to know anything about the bill. I have just read it casually, and I am not an expert in bill writing. I don't know much about it. But I want to be frank, and the only way I can find out is for you ladies to tell us.

Miss FAVILLE. We are awfully glad to tell you. They are going to pay the hospital in the beginning when the student isn't much good; the Government is going to reimburse them for their board and room during that 9 months.

Senator ELLENDER. If you answer the questions I ask, we might be able to get somewhere. Let us take this lady's school. Let's assume

that she has 100 students. These students get training both at her school as well as at the hospital; am I right?

Miss WOLF. The school is within the hospital.

Senator ELLENDER. Now, these students do bedside work from the day they enter the hospital——

Miss WOLF (interposing). That is where you are off.

Senator ELLENDER. This is not in the bill. I am just trying to learn.

Miss FAVILLE. That is what we are trying to explain to you.

Senator ELLENDER. How long do they attend school? Let's put it that way.

Miss WOLF. We consider them in the school for 2 years and a half, as this bill is written. They are in the classroom without giving service to the institution at all——

Senator ELLENDER (interposing). When do they start doing bedside work?

Miss WOLF. In our school they do a little bedside work at about the sixth month.

Miss FAVILLE. But it doesn't pay their board and room. They aren't any good in the beginning, and when they get better the hospital boards them at the same rate. They let them eat three meals a day just the same.

Senator MURRAY. Well, in the early part of her training the student is more in the way of the hospital, the hospital doesn't get any benefit at all, and it is a burden on the hospital?

Miss WOLF. Yes.

Miss FAVILLE. But you are proposing to take her away at the end when she is more than paying her way. So you are going to pay money to the hospital while she is a loss and take her away when she is good, and most everybody feels that the hospital isn't going to make anything out of it because you are pushing all the classes back into that earlier period so you can have her the last 6 months.

Senator ELLENDER. What I was trying to make it understandable for was in order to make it a little easier to probably pass this bill. That is what I was trying to do. In these large institutions throughout the country where they do obtain services from these student nurses, I would like to see it so that the Government will not have to pay those institutions during the training period of these girls. It strikes me that it ought to remain as much as possible the same as it is now.

Miss FAVILLE. Then you ought not to take them away during the last 6 months.

Senator ELLENDER. Then let's strike that out.

Miss WOLF. Of course the whole purpose is to get the students through the schools of nursing as promptly as possible. Therefore there is the acceleration of cutting this course of study down to 30 months or to 24 months.

Senator ELLENDER. There is no doubt in my mind that it is a noble bill, that its purposes are noble—we need nurses and all of that, but when you go to Congress—I have been here for 7 years now and during that 7 years Senator Thomas can tell you that we have been trying all we know how to help public schools throughout the Nation, and up to the moment we haven't succeeded very well. I don't know what this bill will cost. I understand that it might cost as much as $60,000,000. Am I right, Dr. Parran?

Dr. PARRAN. That is the estimate.

Senator ELLENDER. And that it may be $70,000,000. If you think that it is an easy matter to push that through Congress I wish some of you ladies would try it. With all of the money that is now being spent, billions of dollars for guns and things like that, it is pretty difficult to get good things through Congress now.

I would like to see a lot of money appropriated for our public schools and colleges, but try to do it and you will get what Paddy got.

Miss WOLF. I would like to speak to the point of the need for nurses in the community, because that is one of the most serious things we are facing.

In our particular community, Baltimore, which is a defense industrial area, we are meeting a very serious shortage, especially in our public service institutions, our city institutions, and our public health services, and our own institution.

On our own service we should have employed around 350 graduate nurses in peacetime. We are now about 95 nurses short. You asked a little while ago if nurses were working longer hours, or what their hours were. It is quite significant that just this last week, because we could not get enough nurses to take care of patients in our institution, in certain units of our institution, we had to ask graduates to work as much as 10 hours a day in order to cover the service adequately so that our patients could be cared for. Fortunately that was only in one or two locations, and we hope it will be relieved quite soon.

That is, of course, one of the most serious things we have to face, the fact that if we do not have enough graduates coming out we will have to do something to either reduce the quality of care the patients get, which is, of course, a serious thing to which Dr. Eliot spoke so well this morning, or else we will have to add even far beyond the usual service time for most of these people.

One other thing that I would like to say before leaving the witness stand is that the immediacy of this is very serious. We are attempting now to have a summer program, beginning early in June. We want 50 students in that summer program. We are working with other schools. Our applications for that summer program are not sufficient to meet the need and we feel certain that unless something is done, such schools as ours and others will not be able to get the number of students that are needed in order to produce the number of graduates that we must have for our services.

The CHAIRMAN. Do you mean by that that your actual peacetime needs are not going to be adequately filled?

Miss WOLF. They are going to drop beyond that, I think, if we don't do something soon.

Senator ELLENDER. Do you think that with the present number of nursing schools throughout the country, and the present facilities, you can take care of this additional amount of nurses that you think is necessary?

Miss WOLF. I think so.

Senator ELLENDER. You don't think it will be necessary to establish new ones?

Miss WOLF. New schools?

Senator ELLENDER. Yes.

Miss WOLF. I think that perhaps some new schools will have to be established in order to increase the facilities through both the educa-

tional and clinical phases. We have had some evidence of that already.

Senator MURRAY. A very large number of the highly trained nurses that come from institutions like yours and Mayo's are already in the armed services, are they not?

Miss WOLF. Yes.

Senator MURRAY. And many of them are abroad right now?

Miss WOLF. Right.

Senator MURRAY. And it is very difficult for you to maintain the very high standards that your institution has maintained in the past?

Miss WOLF. That is the argument for having the funds available to bring the nurses back into service, to train them for the service of today, and also to help train the teachers and the supervisors to teach these nurses.

Senator MURRAY. And none of these hospitals are great money-making institutions, making enormous profits and paying dividends or bonuses to the presidents or head nurses?

Miss WOLF. Our institutions are nonprofit organizations, for the most part.

Senator ELLENDER. Is this the first attempt to get aid from Congress by your organization?

Miss WOLF. We have already received funds from the United States Public Health Service.

Senator ELLENDER. I mean along these lines?

Miss WOLF. This particular bill comes up now for the first time.

Senator ELLENDER. Was any such effort made during the First World War?

Miss WOLF. At that time we had the Army School of Nursing of which Mrs. Bolton spoke a few moments ago, which was subsidized by Congress.

The CHAIRMAN. You put in nursing courses in practically all of the great universities, also, at that time, did you not?

Miss WOLF. Yes. We had a very large program at Vassar College.

Senator MURRAY. You don't consider this as an effort on your part to secure aid from the Government, but you are trying to aid the Government?

Miss WOLF. We are trying to aid the Government to cover the services needed in the military and civilian population, and to get enough nurses to take care of the sick of our country.

The CHAIRMAN. Thank you, Miss Wolf.

Miss Jacobson, please? For the record, Miss Jacobson, your name and position?

STATEMENT OF MISS MARGUERITE JACOBSON, ASSISTANT EXECUTIVE SECRETARY, AMERICAN NURSES' ASSOCIATION, NEW YORK CITY

Miss JACOBSON. Marguerite Jacobson, assistant executive secretary of the American Nurses' Association.

All of the States in the United States, the District of Columbia, Puerto Rico, and Hawaii, have a nurse practice act, and 30 of these acts require that applicants for a license to practice nursing as a registered nurse must have had a 3-year course in nursing.

From information that has been obtained from the boards of nurse examiners in these States it is indicated that the clauses in their laws regarding the requirements for a license to practice are so worded that the schools of nursing within their States can participate in the plan that is set forth in Senate bill 983, and that in many of these States they are already working on plans, or have already accelerated their course of instruction so that the theoretical instruction is completed in 30 months, so that the students can be released to serve in governmental or other hospitals for the last 6 months, and that will be counted as a part of their training.

The CHAIRMAN. Are there any questions? Thank you, Miss Jacobson.

Dr. Winfred Overholser?

Dr. OVERHOLSER. Mr. Chairman, the committee was kind enough to ask Dr. Ruggles, the president of the American Psychiatric Association, to come, and I am here at his request. I am the secretary of the American Psychiatric Association.

The CHAIRMAN. For the record will you give your name, your title, and position, please?

STATEMENT OF DR. WINFRED OVERHOLSER, SECRETARY OF THE AMERICAN PSYCHIATRIC ASSOCIATION

Dr. OVERHOLSER. My name is Dr. Winfred Overholser, and I am secretary of the American Psychiatric Association. I live in Washington, D. C., and happen to be connected with St. Elizabeths Hospital.

I come here, sir, on behalf of the oldest national medical association, a group which has long been interested in the care of a very substantial portion of our population, namely, the inmates of the mental hospitals of the country.

There are at the present time altogether in the mental hospitals of the United States, public and private, nearly 600,000 patients. In the State hospitals alone there are well over 400,000 of them.

Those men and women are sick. Nurses are needed for their care as well as less well-trained persons like attendants.

A fair number of the hospitals have operated training schools for nurses in the past, and some still do. They have had various difficulties in keeping those in operation, and within the last year or two we know of at least 13 that have closed their training schools for various reasons.

There is a very substantial shortage of nurses. Probably there is a shortage of about 4,500 graduate nurses in the mental hospitals of this country, and it is simply to underscore the need of this bill that I come here, sir, at this time.

There is no question that the operation of a training school reflects itself favorably in the care of the patients in a hospital. It is a good deal of work to operate a training school. It would be far easier, perhaps, not to bother, but every progressive hospital feels that it has a duty to keep up the flow of properly trained people, and at this time that is particularly urgent with the advancing needs of the military services particularly.

Now, it may interest you to know that the Federal Government operates just one training school for these nurses, and that is at St. Elizabeths Hospital. We pay $24 a month with full maintenance. The girls buy their books and their uniforms.

We draw from the entire country. It is a Nation-wide civil-service examination. We hoped last month to take in about 50 in our training school and we managed to get about 20 that met the standards.

I think that illustrates the difficulties in recruiting even when you are paying a pretty substantial stipend, probably as much as any hospital in the country does.

The CHAIRMAN. In normal times how do the applicants run?

Dr. OVERHOLSER. There is not much difficulty then; we have all we can take care of.

Senator Ellender raised one question about the necessity of additional schools. I think it quite likely that others might be needed. There are, however, ample facilities available. There are institutions which have operated schools, as I have said, both mental hospitals and general hospitals, for that matter, and it would be a relatively easy matter to get them going again if the girls could be provided.

That is one of the principal difficulties, and if some reimbursement could be made to the institutions for the expense, because the expense is considerable and many hospitals have been unable to afford it, I think it would be a very desirable thing.

Senator ELLENDER. What expense do you have in mind there, Doctor?

Dr. OVERHOLSER. It takes a good deal of supervision, Senator. These girls spend, for the first 6 months or so, almost all of their time in class. That means nurses and physicians, too, to give their time to lecturing to them, and then they need very close supervision on the wards, supervision over and above what can be given by the average ward supervisor. It takes additional personnel to run a training school.

Senator ELLENDER. While that might be true where the school is not operated in connection with the hospital, the testimony a moment ago had to do with a school that was operated in connection with a hospital and for which tuition is paid.

Dr. OVERHOLSER. In most instances the hospital itself does operate it, Senator. I think the number in which there is a university connection is perhaps not the majority, but some of the ladies can tell that far better than I can.

Senator ELLENDER. Well, are you able to tell us to what extent the hospital benefits from these student nurses if they should remain there, say, 3 years?

Dr. OVERHOLSER. During the early part of their stay they are more of a liability than an asset.

Senator ELLENDER. I have indicated 3 years.

Dr. OVERHOLSER. Yes. For instance in our case for 1 year these girls are in affiliation at Jersey City and we get no benefit that second year from them at all. When they come back that third year each one is probably the equivalent of at least two-thirds of an employee. She has to still spend a good deal of her time in classes, and so on, and she doesn't count as a full-time employee. But the hospital does get some benefit from her services.

However, the hospitals in general have been interested in the wider problem, not of how many nurses that hospital is going to get when it graduates them, but the hospitals and the medical profession have been interested in seeing the number of properly trained graduate nurses increase in order that better care might be given the country

over in hospital and out to the sick. There is a certain amount of altruism in the operation of a hospital.

Senator ELLENDER. Well, there are very few hospitals that do not allow at least room and board for their student nurses, are there not?

Dr. OVERHOLSER. As far as I know they all do that, sir.

Senator ELLENDER. Evidently, if all of them do it they must have in mind that if the student nurse remains for 3 years there is adequate compensation?

Dr. OVERHOLSER. There is some return, unquestionably, yes, some. I am not sure that "adequate" is the proper adjective to use, Senator.

Senator ELLENDER. Well, I imagine that if it weren't for those student nurses doing a lot of work around there that the hospital probably would have to hire graduate nurses which no doubt would cost a good deal more than the work performed, I mean the amount that they would pay for the room and board of these student nurses.

Dr. OVERHOLSER. I think the chances are, if they didn't have these student nurses, that they would employ more relatively untrained persons, ward maids, orderlies, and attendants, and the like.

Senator ELLENDER. All of which might cost more than the board and lodging for these student nurses?

Dr. OVERHOLSER. I am not at all sure that that is the case, and I am sure that the patients would not get such good care, which is the important thing.

The CHAIRMAN. Thank you, Dr. Overholser.

Dr. ZOOK. (No response.)

I have a communication here from the Alpha Kappa Alpha sorority, which may be placed in the record at this point.

(The document referred to is as follows:)

STATEMENT OF MRS. THOMASINA WALKER JOHNSON, LEGISLATIVE REPRESENTATIVE, NATIONAL NON-PARTISAN COUNCIL ON PUBLIC AFFAIRS OF THE ALPHA KAPPA ALPHA SORORITY

GENTLEMEN: I am representing the 6,000 women of the Alpha Kappa Alpha Sorority, the oldest sorority of Negro college women. There are 153 chapters in 46 States. Most of the women are professional women and are active in civic and community affairs. The question of health has long been of extreme interest to us. For several years we have maintained a mobile clinic in the rural areas of Mississippi which Dr. Thomas Parran has described as "one of the best jobs of volunteer public health work he has ever seen." This project has cost us thousands of dollars to say nothing of the time expended by the members of our sorority on a volunteer basis to try to do something about some of the great health needs of Negroes.

There is great need for more physicians, hospitals, and nurses. For this reason we are supporting this bill that will increase the number of Negro nurses that are so badly needed.

We should like to urge upon the committee, however, the importance of adding specific provisions to this bill to safeguard the interest of minority groups in the population. We should like to state that our experience with a good deal of existing legislation shows that when the inclusion of Negroes is not specifically required by the act, they are often left out. Examination of the present administration of medical service to eradicate venereal disease would provide numerous examples of this nullification of purpose of the act for certain groups. One of the most eminent surgeons, Dr. Louis T. Wright, said that "When the figures for venereal disease remain high, do not look at the Negro—look at the act and its administration."

The amendments that we offer will strengthen the hand of those persons who must administer the act. It will be easier for fair-minded officials to

administer the program while it makes it more difficult for persons who might not be inclined to administer the program fairly, to do so with discrimination.

The need for any health program to be administered fairly cannot be overemphasized. The population is too mobile. Even in sections where the most rigid type of segregation is practiced, epidemics start in the alleys but they always wind up on the boulevards. Germs know no color line and no person is safe from an epidemic in his community.

In places where training for Negro nurses is planned on a fair and equitable basis, these amendments may be disregarded.

We should like to call attention to section 6, page 5, where the Surgeon General with the approval of the Federal Security Administrator is authorized to promulgate such rules and regulations as may be necessary to carry out the purposes of this act. We should like to urge that consideration be given to the number of Negro nurses who will be able to take this training and that every facility at the command of both the Surgeon General and the Federal Security Administrator be used to see that the proportionate number of Negro nurses be trained under this program. We should like to see that a floor be placed under the Negro nursing situation. We urge this, no matter where the possible training facilities might be located.

We should like to offer amendments as follows:

After "graduation," line 17, page 3, another subsection, (f), be added, the text as follows:

"(f) That the Institution provide substantial and equal training opportunities to nurses, student, graduate, or both, who belong to minority groups."

We should like to add further subsection (g):

"(g) That the Institution will afford graduate nurses under the plan an opportunity to take nurse-teacher-training courses until graduation and will pay each such graduate nurse a stipend at a monthly rate to be set by the Surgeon General, plus tuition for such courses."

No part of these amendments, we hope, will be interpreted as an effort to change human nature, but we hope it will represent to you our desire to join our efforts with yours to meet a pressing human need, around a common basis of humanitarian motives, which every citizen, regardless of race, color, religion, or traditional belief, can support without restraint.

May we reiterate and reemphasize the fact that the health of America cannot be safeguarded as long as one segment is neglected.

The CHAIRMAN. Are there any further witnesses who desire to be heard? [No response.] The hearing will then come to an end.

(Whereupon, at 12:35 p. m., the hearing was closed.)

STATEMENT REGARDING SENATE BILL 983, TO PROVIDE FOR THE TRAINING OF NURSES

1. The American Council on Education.—The American Council on Education was founded in 1918. Included in its membership are representatives from national and regional educational associations. There are approximately 100 of these representatives. More than 500 colleges and universities have membership including such professional associations as the Association of American Universities, the Association of American Colleges, the National Catholic Educational Association, the American Association of Teachers Colleges, and all types of colleges and universities, both large and small. It is therefore a representative body particularly in the field of higher education.

2. Committee on College Women Students and the War.—In the fall of 1941 the council appointed a special committee to concern itself with the problems of college women students. Miss Meta Glass, of Sweet Briar College, was chairman of this earlier committee. With the growing manpower demand of war, the Committee on College Women Students and the War was appointed in September 1942. Dean Margaret Morriss, of Pembroke College, is chairman of this committee. These committees from their inception have given serious consideration to the nursing field, and have met with representatives of nursing associations. At its meeting on October 9 and 10 the committee urged:

(*a*) That immediate steps be taken to introduce legislation to provide Federal appropriation in order to insure an adequate supply of trained nurses for both military and civilian needs.

(*b*) That a letter be immediately sent to colleges and universities having collegiate schools of nursing, encouraging them to provide larger portions of scholarship funds to be given to prenursing students.

(*c*) To prepare a statement for publication in the bulletin, "Higher Education and the National Defense," calling attention to the increasing seriousness of the shortage in the nursing field, and urging colleges and universities to encourage young women to consider nursing as a profession.

At the November meeting the committee met with representatives of the nursing associations and discussed specific recommendations regarding proposed legislation.

On January 28, a special issue of the bulletin was distributed to all colleges and universities including the following statement:

"The Government has declared that 55,000 student nurses are needed this year to meet the demand of the armed forces and of the community. The already existing schools have the facilities for educating this number of student nurses but on December 1, 1942, the quota was still short by 18,000 candidates. The Government quota for the year is 65,000.

"The National Nursing Council for War Service rightly describes the work of the nurse as the 'war work with a future.' The nursing profession is one worthy of the best ability of the college woman. Many of the college women who entered nursing to meet the demand for nurses in World War No. 1 are now leaders in the nursing profession. The young college woman with the spirit of adventure and a desire to serve her country in a great woman's profession is now needed in the far greater health emergency created by World War II. She is needed in the armed forces, civilian hospitals, industry, and the public-health field where positions in administration, in teaching, in community organization, and in rehabilitation challenge her abilities. In the post-war period an important national service will be found in the establishment in Europe, South America, and Asia of systems of nursing education and public-health-nursing programs. There will be need for nurses with language ability, with special background training in nutrition, bacteriology, and epidemiology, in psychology, and sociology—for the nurse with college training.

"Many young people have hesitated about nursing because they think that the war will be over before their education as a nurse can be completed. They should be reminded that they are rendering an essential service while in training and that whether the war is long or short, the reconstruction period is going to be long. There are now 25,000 positions in nursing schools and hospitals in teaching and administration and over 25,000 public-health positions.

"It will be helpful if college and university administrators will present this profession, its opportunities, and its present emergency, to the students on their campuses. This may be done by vocational conferences, by urging publicity in student newspapers, and most helpful of all, by individual counseling. An especially selected speaker is now available upon request to the National Nursing Council for War Service (1790 Broadway, New York City), and colleges and universities are urged to make arrangements to have her talk to their students."

On February 23 the committee in a letter to the War Manpower Commission urged the adoption of a subsidized training program on the technical and professional level especially for nursing. Such programs to be comparable with those provided for men who are serving in the armed forces.

It is the considered judgment of this committee that Federal subsidy for nursing is vital to the war effort. With the auxiliary services of the armed forces and with the new and increasing opportunities in employment it is mandatory to provide such assistance.

Proposed legislation will accomplish two purposes:

1. It will make it possible for young women to study and remain in the nursing training who would not otherwise be able to do so, including the retraining of those who have been out of the profession for some time.

2. It will be a strong inducement to students in that it provides public recognition of the vital importance of the nursing profession to the successful promulgation of the war.

GREENVILLE, S. C., *May 7, 1943.*

Senator BURNETT MAYBANK.
Washington, D. C.:

We will appreciate support in the passage of bill S. 983.

ST. FRANCIS HOSPITAL.

COLUMBIA, S. C., *May 6, 1943.*

Senator BURNETT R. MAYBANK,
Washington, D. C.:

Request that you urge passage S. 983, bill designed to aid nursing schools. We are graduating 35 nurses this month. Quite a number will immediately enter the armed services. We can enroll 50 white and 25 colored student nurses before September if funds are available.

COLUMBIA HOSPITAL.
J. B. K. DELOACH.

CHARLESTON, S. C., *May 7, 1943.*

Senator BURNETT R. MAYBANK,
Washington, D. C.:

Request that you support passage of bill S. 983.

Sister M. REDA,
Superintendent of St. Francis Infirmary.

GREENVILLE, S. C., *May 6, 1943.*

Honorable BURNETT R. MAYBANK,
United States Senate, Washington, D. C.:

We highly recommend Senate bill S. 983 with which hospitals and nursing schools are in complete accord as worthy your full support and influence.

BYRD B. HOLMES,
Superintendent, Greenville General Hospital.

SPARTANBURG, S. C., *May 7, 1943.*

Senator BURNETT R. MAYBANK,
Senate Office Building, Washington, D. C.:

Would request that you consider favorably the passage of S. 983, student nurses bill, which is urgently needed to promote enrollment and expedite training of nurses now needed for military and civilian hospitals.

J. B. NORMAN,
Superintendent, Spartanburg General Hospital.

STATEMENT OF EDGAR G. BROWN, PRESIDENT, UNITED GOVERNMENT EMPLOYEES AND DIRECTOR, NATIONAL NEGRO COUNCIL, PROPOSING AN ANTIDISCRIMINATION AMENDMENT TO SENATE 983, TO PROVIDE FOR ADDITIONAL NURSE TRAINING, TO MEET COMPLETE WAR NEEDS

Supplementing my brief statement during the hearings, requesting consideration by the committee, may I suggest the following language to fully protect and include equal nurse training facilities and opportunities for all American women, regardless of race, creed, or color.

On line 8, after the word "act", strike out the period and insert a comma, and add the following language: "*Provided*, That there shall be no discrimination in the administration of the benefits and appropriations made under the respective provisions of this act, on account of race, creed, or color."

The widespread discriminations so prevalent in private hospitals, schools, and such national organizations, employing thousands of nurses, such as the American Red Cross, based on race or color make imperative such definite language prohibiting such injustices in legislation, authorizing the expenditure of Federal funds, supplied by American taxpayers, regardless of class, race, or other distinction.

We urge, therefore, that the subcommittee of the Senate Education and Labor Committee will approve the inclusion of an antidiscrimination amendment in the bill, which is favorably recommended to the full committee and the Senate for immediate passage, in order to advance these protective and welfare staffs, so vital to the health and security of the total military and civilian population of the Nation, regardless of race, creed, or color.

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